International Congress of Nurses

Plans for the Congress of the International Council of Nurses to be held in Montreal, July 8th to 13th, are maturing rapidly. The following is a summary of arrangements to date:—

HEADQUARTERS: The Montreal High School, University St., Montreal.

REGISTRATION: The registration bureau will be at headquarters. Registration will begin on July 5th and continue throughout the following week.

TRANSPORTATION: Reduced fares on the Identification Plan will be available for Canadian nurses attending the Congress.

Arrangements are being made with the president of each Provincial Nurses Association to issue identification Certificates.

Any nurse wishing to take advantage of the reduced fare must apply to the president of her Provincial Association for her Identification Certificate which must be presented when purchasing ticket to Montreal.

Round trip tickets at fare and three-fifths will be issued.

For some sections of Canada the Summer Tourist Fare or the usual Summer Rate may be less expensive than the Identification Certificate plan.

Information regarding dates of sale for tickets, and the names of those responsible for issuing Identification Certificates will be given later.

RESTAURANTS: Information regarding restaurants will be available at headquarters. Meals outside hotels need not cost more than 50c to 75c for breakfast, 75c for lunch and $1.00 for dinner.

PROGRAMME: The convener of the Programme Committee has announced that the programme will soon be ready for publication.

EXHIBITS: It is considered advisable that all exhibits should be in Montreal not later than May 15th. It will be a great help to the Exhibits Committee if all cases are clearly marked for the section to which they belong, viz.—Nursing Education, Public Health, etc. An inventory of the contents and instructions regarding their arrangements should be enclosed with the exhibits.

The exhibit room is to the left of the main entrance to headquarters, and can also be entered from the street.

The committee hopes to meet all requests for space and urges exhibitors to state clearly the amount of space desired when making application.

Address exhibits to Miss C. M. Ferguson, Convener of Exhibits Committee, Royal Victoria Hospital, Montreal.

SOCIAL AFFAIRS: Arrangements are not completed but those already planned include a visit to Ottawa, and a reception at Government House for the Grand Council, and a garden party on the last day of the Congress for the entire Congress membership.

MEETING PLACES. The Forum will be used for the large General Sessions.

The Montreal High School will be used for meetings of the Nursing Education Section, and rooms will be reserved here for special meetings of nurses from affiliated countries.

The Mount Royal Hotel will be the meeting place for the Public Health Section.

The Windsor Hotel will be the meeting place for the Private Duty Section.

INFORMATION: An Information Booth will be maintained at Headquarters, and will be open every day until 11 p.m.

A list of Convention members will be available for nurses wishing to locate friends.

SIDE TRIPS OF INTEREST: Information regarding interesting places to visit in and near Montreal will be placed in the folder given to each nurse on registration.

The Sub-Committee on Housing for the Congress announces that the supply of single rooms in the large hotels is now exhausted, but there are still a number of single rooms for reservation in private homes and in boarding houses, and a limited number in the smaller hotels.

Nurses who are planning to attend the Congress and who have not yet made reservation for accommodation are requested to do so without further delay.

While the single room accommodation is about exhausted there are still available in the large hotels a number of large rooms which will accommodate two, three or four. These hotels with rates are:

MOUNT ROYAL HOTEL (all rooms have baths):

2 in a room	$ 7.00 per day.
3 in a room	9.00 per day.
4 in a room	10.00 per day.

WINDSOR HOTEL:

2 in a room—	
With bath	$8, $9 or $10.00 per day.
Without bath	6.00 per day.
3 in a room—	
With bath	10.50 per day.
Without bath	8.25 per day.
4 in a room—	
With bath	12.00 per day.
Without bath	10.00 per day.

PLACE VIGER HOTEL:

3 in a room—	
With bath	$ 9.00 per day.
Without bath	7.50 per day.
4 in a room—	
With bath	$10.00 per day.
Without bath	8.00 per day.

N.B.—Rates quoted above are for the room and not per person.

Rooms will be available in private homes and in boarding houses at the rate of from $1.50 to $2.00 per night per person. Rooms in small hotels will be about $2.00 to $2.50 per night per person.

Convents will be able to take care of quite a large number of nurses at from $1.25 to $2.00 per night per person, including breakfast at prices quoted. Accommodations will be beds in either dormitories or double rooms. The Y.W.C.A. has rooms at the same rates as the Convents.

Nurses coming in autos will find ample parking space.

PLEASE NOTE: It is necessary that each nurse when making application for accommodation state her name, address and official position. Application with this information should be made **at once** to the Executive Secretary, Committee on Arrangements, International Council of Nurses, Royal Victoria Hospital, Montreal, P.Q.

Mrs. Bedford Fenwick

Mrs. Bedford Fenwick, Founder and Honorary President of the International Council of Nurses, and President from 1899-1909. As Miss Ethel Manson, she entered the Children's Hospital, Nottingham, as a paying probationer in 1878, and some months later became a paying probationer at the Royal Infirmary, Manchester. At the age of twenty-four she was appointed Matron and Superintendent of Nursing at St. Bartholomew's Hospital, London.

Following her marriage to Dr. Fenwick in 1887, she became interested and active in promoting an organization for the registration of nurses under state authority, and it was largely through her efforts that this was finally secured in 1919. For more than forty years Mrs. Fenwick has been actively engaged in strenuous public duty, first working for the Royal Charter for the Royal British Nurses Association, and from 1893 as the Honorary Editor of *The British Journal of Nursing*. The policy of this journal has been largely responsible for the demand for legal status throughout the world, for higher technical and practical education for nurses in their service to the sick, and for high standards of public health. Mrs. Fenwick is President of the National Council of Nurses of Great Britain and President of the British College of Nursing.

In 1897 Mrs. Fenwick acted as superintendent of a corps of nurses selected to go to Greece during the

MRS. BEDFORD FENWICK

Greco-Turkish war, and while there she was inspector of nursing at the Ecole Militaire Hospital in Athens, where she was awarded the Distinguished Order and Diploma of the Greek Red Cross.

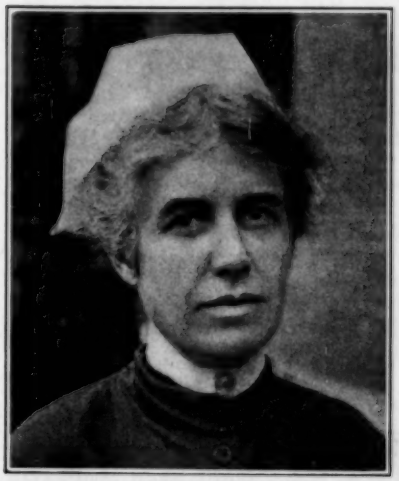
She was President of the Society of Women Journalists, 1910-11, and has served as a member of the Grand Council and Executive Committee of the Territorial Army Nursing Service of the City and County of London.

In 1892 she visited the World's Fair in Chicago as a member of the Women's Committee of the British Royal Commission. There she received two medals and diplomas "for excellence of scientific exhibits," for an exhibit arranged by her in the Women's Building. At that time she met and conferred with a number of American nurses, with the result that the idea of an international organization of nurses was originated. These conferences eventually resulted in the formation of the International Council of Nurses in 1899, which in less than thirty years has federated the self-governing national organizations of nurses throughout the world.

In 1928 Mrs. Fenwick reached her Jubilee of fifty years' professional work and service as a member of the nursing profession. The closing paragraph of an editorial comment on this Jubilee, published in *The British Journal of Nursing*, was, "Good health and high spirits are the blessings for which Mrs. Fenwick thanks God, which have made life for her a splendid experience, and it is these combined blessings she wishes humanity to enjoy to the fullest extent, and which women engaged in the privileged profession of nursing have largely in their power to promote."

Miss Nina D. Gage

Miss Nina D. Gage, President of the International Council of Nurses since 1925, has been associated with nursing in China since 1908. In 1905 she graduated from Wellesley College and entered the School of Nursing, Roosevelt Hospital, New York. Miss Gage



MISS NINA D. GAGE

reached Shanghai late in December, 1908. With the thoroughness which has characterized her entire profes-

sional life she studied the Chinese language for six hours each day for the next two years, except during an illness from typhoid fever and an enforced stay in Japan of a few months owing to rice riots in Changsha. In 1912, Miss Gage was able to begin her work in earnest, and the double nursing school at Changsha was formally opened in December, 1913.

During these years she helped to organize the Nurses' Association of China, of which body she was president for two years. As there was at that time no government which could function in licensing professional people in China, the Association undertook the registration of schools, examination of candidates, planning the curriculum for the creating of a nursing profession. In 1913, the College of Yale-in-China entered into co-operation with the government of the province of Hunan to conduct medical education. The Chinese were to provide running expenses for the nursing and medical schools and hospitals, while the college was to provide the faculty. In this way the Hunan-Yale School of Nursing was opened formally, having had before that only a few pupils and no funds. From this time the school had its own budget.

Miss Gage returned to the United States in 1917-1918 on leave, when she studied at Teachers' College, Columbia University. Following her return to China Miss Gage became Dean of the Hunan-Yale School of Nursing, which was opened to college women, on a combined nursing and arts course, in 1921. In 1924-1925 she was again on leave, when she obtained her Master of Arts degree at Teachers' College.

Shortly after her return to China following the Congress of the International Council of Nurses in 1925, all the schools in the province of Hunan were broken up. Early in February, 1927, hospital and school work had become impossible and Miss Gage returned to New York City, where she became Educational Director of the Willard Parker Hospital. Then in 1928 she was appointed Executive Secretary of the National League of Nursing Education.

Miss Clara D. Noyes

Miss Clara Dutton Noyes, who is First Vice-President of the International Council of Nurses, is National

MISS CLARA D. NOYES

Director of the American Red Cross Nursing Service. This Service maintains a nursing reserve for the Army and is also available for the Navy and other Government Services and for the American Red Cross.

Miss Noyes is Chairman of the National Committee on Red Cross Nursing Service, which heads up a group of 197 Local and State Committees of nurses, which are responsible for stimulation of interest in the enrolment.

Miss Noyes is a graduate of the Johns Hopkins School of Nursing. She has been Superintendent of Nurses at the Hospital for Women and Children, Boston, Superintendent of St. Luke's Hospital and School of Nursing, New Bedford, Mass., and General Superintendent of Bellevue and Allied Schools of Nursing, New York City.

Miss Noyes has been active in many national organizations, and has held many important offices, including President of the National League of

Nursing Education, President of the Board of Directors of the American Journal of Nursing and President of the American Nurses Association, of which she is still a Director. She has been a steady contributor to nursing magazines, and edits the Department of Red Cross Nursing in *The American Journal of Nursing* and *The Red Cross Courier*. Miss Noyes is Chairman of numerous committtees, among which is the Advisory Committee of the American Nurses' Memorial School at Bordeaux, France.

Miss Jean I. Gunn

Miss Jean I. Gunn was elected Second Vice-President of the International Council of Nurses in 1925. She graduated from the School of Nursing, Presbyterian Hospital, New York City in 1905, and remained on the staff of that hospital in different positions for the next six years. At this time, Miss Gunn took up Social Service work and was employed in this branch of work in New York City for two years when she resumed institutional work. For a short time she was Assistant Superintendent of the Memorial Hospital, Morristown, New Jersey, and left that institution to take her present position as Superintendent of Nurses of the Toronto General Hospital in the Fall of 1913. Miss Gunn has held a number of offices in professional nursing organizations and was Secretary of the Canadian Nurses Association, 1914-1917,

MISS JEAN I. GUNN

MISS ELLEN MARY MUSSON

and President of the same Association, 1917-1920. In addition to professional work, Miss Gunn served on the Executive of the Ontario Division of the Canadian Red Cross from 1918 until 1927, during which time she also served as the Chairman of the Advisory Nursing Committee. In 1928 she was appointed to the Executive of the Central Council of the Canadian Red Cross Society, and has served during the past year as Honorary Advisor in Nursing to the Canadian Red Cross Society.

Miss Ellen Mary Musson

Miss Ellen Mary Musson, C.B.E., R.R.C., S.R.N., Treasurer of the International Council of Nurses, is a graduate with a gold medal of St. Bartholomew's Hospital, London, England. Afterwards she served as Ward Sister and Assistant Matron under the late Miss Isla Stewart, following which she held several execu-

tive positions as Matron, Swansea General and Eye Hospital, and the General Hospital, Birmingham. She was a Principal Matron of the Territorial Force Nursing Service. Miss Musson is Chairman of the General Nursing Council of England and Wales, and Chairman of the Registration Standing Committee. She is a member of the College of Nursing, is active in many of the nursing organizations in England and Wales. For the past three years Miss Musson has lectured on Training School Administration to the International Students of the League of Red Cross Societies, and for several years was an Externe Examiner for the Diploma in Nursing of the University of Leeds. Miss Musson is on the Panel of Examiners for the Diploma in Nursing of the University of London, and was appointed to the rank of Commander of the Order of the British Empire by His Majesty the King in January, 1928.

Miss Christiane Reimann

Miss Christiane Reimann was elected Secretary of the International Council of Nurses in 1922. She was born in Copenhagen and graduated from the Bispebjerg Hospital in 1916. The next two years were spent in post graduate study, including the several special branches in nursing which were then receiving for the first time the serious consideration of nurses. From 1918 to 1921, Miss Reimann was in the United States, first in the Presbyterian Hospital, New York City, and then at the Henry Street Settlement of New York, with some time spent in travelling all over the continent. During this time she attended two general sessions and one summer session at Teachers' College, New York, where she obtained the B.Sc. degree and diploma in teaching in schools of nursing.

Miss Reimann then returned to the Bispebjerg Hospital, Copenhagen, where she had the honour to be appointed the first instructor in nursing

MISS CHRISTIANE REIMANN

in Denmark. Later, some time was spent in study at St. Thomas' Hospital, London, and again at Teachers' College where she obtained the Master of Arts degree in 1925.

From 1922 to 1925, Miss Reimann carried on the secretarial work of the Council in conjunction with her studies and since international headquarters were established in Geneva, in the autumn of 1925, she has conducted the work there.

Miss Reimann has already proven her inestimable value to the Council; she speaks several languages, has travelled and come in contact with nurses in many countries, and is possessed of a clear and forceful mind, animated with a great desire to assist nurses and nursing, which already has promoted the welfare of national and international nursing to a marked degree.

Our Professional Obligations

By JEAN E. BROWNE, Toronto

The profession of nursing, if regarded from the point of view of service only, is a very old one indeed, as old at least as Christianity, but from the point of view of service based on scientific knowledge, it began about fifty years ago. The ideals with which the pioneers of fifty years ago imbued this new profession for women have influenced it to the present day in spite of great changes in scientific and social development, chiefly, I think, because those pioneers asked themselves the question "what can I give to it," rather than "what can I get out of it." It is because these unselfish ideals have persisted that you and I are proud to belong to the profession of nursing today.

Now, I don't propose to preach a sermon but rather to direct a little searching inquiry in which I hope you will all participate. First of all we may as well face the fact that there are rumours that all is not well with us. It is true that many of the assertions bandied about by our critics are based on loose thinking and loose talking, but when the smoke that comes from misrepresentation of facts has cleared away, I wonder if there is a spark of truth remaining in these criticisms.

You all know that there is at present functioning in Canada a Joint Committee of the Canadian Medical Association and the Canadian Nurses Association appointed to conduct a study on nursing in Canada. The members of the Committee are unanimous in their opinion that a scientific survey should be made. It is estimated that a sum of $30,000 will be necessary to conduct such a survey, and, at present, the Committee is concerned in getting this money.

You are perhaps aware that a scientific survey of nursing has been under way in the United States of America for over two years, and recently the Committee responsible has issued their first publication, "Nurses, Patients and Pocketbooks." This book should be read by all nurses for it contains some very salutary truths. This book deals first of all with the lack of understanding between the medical and nursing profession and reveals the fact that neither profession is informed about the other.

To quote from the book on this subject: "Physicians who, after leaving medical college, have had experience in hospitals which are proud of their high grade nursing service, carry out with them into the field something of an understanding of what good nursing can contribute to the recovery of the patient. Medical students, sometimes even before their hospital experience, learn something about nursing from the more thoughtful of their teachers, or even occasionally, in the very modern school, from regularly planned nurse instruction. Sometimes physicians out in the field learn through practical experience the difference between a woman who is merely kind and willing, and a woman who is a skilful nurse; but apparently there are large numbers of physicians who, never having had extended hospital experience, or other special contacts with really skilful nurses, have only the vaguest notion of what the nursing profession regards as its important contribution to the care of the sick. There is nothing in the ordinary medical course, or in the ordinary medical practice afterward (not even in the fact that a man gives ten lectures a year to student nurses) which miraculously makes a physician an authority on nursing. He must have known real nurses before he can intelligently talk about them. Probably there are some physicians who have never seen an example of good nursing in their lives.

(Address delivered at the Annual Meeting of District No. 1, Registered Nurses Association, London, Ontario, January, 1929.)

"Many nurses are about equally uninformed as to what medical education implies. Some of them would have greater sympathy for physicians, and a better understanding of the problems they are facing, if they did know a great deal more about the processes of medical education. The outstanding difference between the two professions, however, is that, while nurses never worry very much about how the medical student is trained, physicians are continually concerned over the education of the nurse. And many physicians are not and never have been sufficiently close to nursing to make them safe advisers on so difficult and technical a subject.

"It has, then, seemed of first importance to the Grading Committee that a careful study be made of the fundamental facts which must lie at the basis of nursing education, and of the economic facts surrounding the employment of nurses, so that physicians and nurses could have immediately available a common basis for discussion. The Committee is convinced at the close of its first eighteen months of study, even more definitely than it was at the beginning, that physicians and nurses are fundamentally in agreement. They are working for the same purpose—the welfare of the patient—and where there seems to be conflict between the two groups the difficulty does not arise from warring principles, but is rather based upon lack of understanding of the facts involved. The Committee hopes that in presenting the data which follow, it may be rendering a real service to both the nursing and medical professions, and therefore, of course, to the patient."

But this aspect of our nursing work is only a part of the picture. The Committee sent a large number of questionnaires to the patients themselves and their replies are illuminating. Some have nothing good to say, but others (and they are the ones we ought to consider) have serious faults to find. One reply reads thus: "She was a lady and a nurse. She was one who made you feel you were safe in her care." I should like to know personally the nurse about whom that was said. I do not intend to quote the other kind of replies, but I should advise all nurses to read them.

The cost of receiving proper nursing care is, I think, at the bottom of the discontent both on the part of patients and physicians. The unthinking patient and physician are very apt to blame the high cost of nursing on the nurses themselves, but it is manifestly a stupid thing to do, for it is a general economic problem which should be the responsibility of the whole community and not of nurses alone. But the nurses will have to help solve it. The two things of a practical nature that seem to emerge from this survey so far are "group nursing" in hospitals and "hourly nursing" in homes to meet the needs of that largest class of people in any community, the families living on an income of $2,500 a year or less. There is at any rate a possibility of building up this hitherto unmet need and thereby giving more employment to nurses, while at the same time supplying a type of nursing service which would be genuinely valued and readily paid for by the community.

The chapter in this book on the Hospital and the Graduate Nurse is one of the most interesting in the book. The Committee has made the discovery that there is an ominous threat, in the way things are going on, of a startling overproduction of nurses, and the suggestion put forward is for a general consideration of Hospital Boards to engage graduate nurses to nurse the patients in hospitals.

The thing that one likes about this book is that it is not dogmatic, but it reveals certain alarming conditions and says: "What are we going to do about it?"

Canadian nurses must realize that the situation in nursing is not at all the same as it was fifteen years ago. The world is not at all the same as it was in 1914. Greater social and economic changes have taken place since 1914 than occurred in half a century before that. We talk rather

glibly about the traditions of our noble profession. But what are those traditions? First and foremost, I should say that the great thing that the pioneers in nursing did was to face the situation that existed in their time, to think clearly through the problems as they saw them, and then to apply themselves courageously, vigorously and unselfishly to solving them. We are only weaklings if we rest on their oars. We must be willing to face the present day situation which is different from what it was fifty years ago, or twenty-five or fifteen years ago.

The nurse who isn't willing to give some of her time and thought and interest to further her profession through its organizations is unworthy of her calling. Perhaps we older nurses are somewhat to blame for the apparent lack of interest on the part of young graduates, for we may give the impression that the last word has been said, that nursing as a profession is complete, and no more remains to be done. Let us rectify this state of affairs as soon as may be, for never since its inception has our profession been faced with more serious problems. We need the view-point and enthusiasm of the young graduates and they no doubt need our experience. I'm quite sure we need each other in the next few years which, I believe, are going to be crucial in the history of the profession of nursing

Now, I have not suggested to you any ready-made solution for the problems which I have mentioned. I haven't any, and I doubt if anyone else has, but I do know that if we pool our intelligence and our devotion in an honest, co-operative attempt to solve these problems, that we cannot fail to make a contribution of really great value to our profession.

Miss Anna Caroline Maxwell, R.N., M.A.

Miss Anna Caroline Maxwell, dean of American nurses and noble gentlewoman, whose greatest work during a period of over forty years was the training of nurses, died on January 2nd at the Presbyterian Hospital, New York.

Miss Maxwell's brilliant career covered the period during which nursing has become a recognized profession. She received her training at the Boston City Hospital under Miss Richard's direction, following which for a brief time she undertook the administration of the Montreal General Hospital. Later she took charge of the Training School for Nurses at the Massachusetts General Hospital. From there she went to St. Luke's Hospital, in New York, where she established a training school, and then in 1891 she went to the Presbyterian Hospital in New York, where she organized the school for nurses. There Miss Maxwell remained until her retirement thirty years later, in 1921. It is gratifying to remember that appreciation of the development and progress of that school under her leadership was shown in 1928, when the nurses' residence of the New York Medical Centre was named in her honour, the Anna C. Maxwell Hall.

An American newspaper says: "She had not the austerity of Strachey's 'Lady with the Lamp,' but she had as compelling a way, queenly in dignity, firm and demanding, yet most gentle, gracious and kindly. She had her brief Crimea in the Spanish War, when she got the oft-quoted citation from an officer who did not welcome her coming: "When you came we did not know what we would do with you. Now we do not know what we could have done without you.' She was ready to go to France for active service in the war, but the regulation as to age prevented and the services she could give at home were considered even more valuable, though she made one or two inspection trips to France."

From the *Public Health Nurse* we quote: "A career, begun so early, continued so uninterruptedly and devoted to those immense and exhaust-

ing difficulties somehow inherent in our early training schools, is remarkable in itself. But Miss Maxwell's energies and devotion overflowed into many additional channels. Out of her unique experience, her native sagacity, her unrivalled social charm, and her warm and generous heart, she gave without stint to the many causes and crises which sprang up in affairs of the great and growing profession to which she considered it an honour to belong. It will perhaps never be possible to estimate how much American nurses owe to her influence and devotion. Her services in furthering nursing education were recognized by the Governors of Columbia University, who in 1917 conferred upon her the Honorary Degree of Master of Arts".

The American Journal of Nursing records another honour conferred on Miss Maxwell in these words: "Another ceremony, however, was abandoned because of her failing health. An official presentation had been planned whereby a representative of the French Government should award the Medaille d'Hygiene Publique to four women who had made conspicuous contributions in the American nursing profession to the advancement of nursing throughout the world. Miss Maxwell was to have been the principal recipient at the ceremony. Instead of the elaborate formality which had been arranged for this event, a simple ceremony took place in December, 1928, beside Miss Maxwell's bed.

"A hand-illuminated parchment, setting forth the citation of the French Government, and a gold medal were presented to her by Dr. Charles Burlingame, Chairman of the Advisory Board of the American Hospital in Paris. . . .

"Thus in the school to which she had given thirty years of active leadership did Miss Maxwell receive her final recognition of achievement, and there, a month later, she died. The school that meant so much to her mourns her passing as a daughter grieves for the loss of her mother. Her name is carved in stone over the entrance to the new school residence, that stately pile which towers above the sweep of the Hudson where the medical centre vies with the palisades in impressive dignity. But deep though this carving be, Miss Maxwell's name is inscribed more deeply still in the minds and hearts of her nurses."

From the same journal we quote: "There can be no doubt whatever but that Miss Maxwell instituted the standardization of nursing technique and procedure. Other hospitals later developed, amplified and improved upon her methods, but the inauguration of demonstrations of nursing technique and equipment was conceived for the use of her own students by Miss Maxwell, developed by her and finally made public. . . ."

"To Miss Maxwell's grasp of the existing conditions in nursing with their needs and their possibilities, to her faculty for looking forward to future needs and to ultimate eventualities, to her genius for detail, is attributable the demonstration method in nursing procedures, a worthy contribution from a great leader to her growing profession."

"Her name will be cherished as long as even one of her graduates lives, and will be written imperishably in the annals of nursing in America." (*The New York Times.*)

Burial with full military honours took place in the Arlington National Cemetery, Washington.

Maternal Mortality

A request has been received that *The Canadian Nurse* publish a questionnaire on Maternal Mortality which is being issued by the National Council of Women of Canada. Mrs. Adelaide M. Plumptre, chairman of the Special Committee on Maternal Welfare, National Council of Women, has issued the following note to accompany publication of the questionnaire:

Since the publication of the Report on Maternal Mortality in Canada, prepared by Dr. Helen MacMurchy, much interest has been aroused in the subject; and many organizations have undertaken to study conditions and take action to reduce the death-rate of women in childbirth.

For three years the National Council of Women has appointed a Special Committee to study the best methods of enlisting its local councils and federated associations in productive effort for this purpose.

This Special Committee, having surveyed conditions and the work already undertaken by various organizations, came to the conclusion that its best contributions would be the compilation of a questionnaire which might help and guide the study and action of its local councils and other organizations within their own communities. The object of the questionnaire is not so much to collect statistics for national purposes as to direct the consideration of local organizations to conditions and needs within their own communities; and stimulate them to efforts to ameliorate those which are not found satisfactory.

Where there is a Local Council of Women it has been asked to organize this study, drawing into the survey the local officer of health and all other official and voluntary health agencies. Where there is not a Local Council, the Federated Associations have been asked to initiate action along the same lines, avoiding overlapping by co-operation and discussion with other associations. In some rural communities there may be districts where an individual health worker—such as a public health nurse—might initiate the formation of a committee.

The Special Committee has had the great advantage of including representatives of the nursing profession in its membership, and also of having several opportunities to consult with representatives of the Canadian Medical Association in preparing the questionnaire. The Committee would therefore bespeak the assistance of the nursing profession in the local communities, both by guiding committees of lay people and also, in some localities, by themselves organizing the study where it is not undertaken by an association.

Suggestions for Study and Work for Maternal Welfare in the Various Communities

This study is intended to be a community-wide activity, organized by a small committee of the----------
and enlisting the interest of other organizations.

It will not be effectively carried out unless the co-operation of the Medical Officer of Health and of the medical and nursing professions and the social workers of the community is also secured.

The plans call for an intensive study of the subject between February and May, 1929, and a report to this committee in June, 1929.

The special committee requests that:

1. You will appoint a small, active sub-committee, knowing something of the health organization of your community, to organize the study suggested in the accompanying questionnaire.
2. That you will support the work of your sub-committee and give it adequate opportunities for presenting its work to your Council.
3. That you will organize, either through the sub-committee already suggested or by another sub-committee, a "Festival of Motherhood" in or near the week of "Mothers' Day," when, as one item of the programme, your sub-committee in charge of the study will present its findings and report at a public meeting.
4. That, not later than June 30, 1929, you will forward a report of your study and of your "Festival of Motherhood," to this special committee. All correspondence should be addressed to the Secretary, Maternal Welfare Committee, 410 Sherbourne Street, Toronto 5.

Please acknowledge the receipt of this letter and questionnaire, giving the names of the members of the Sub-Committee appointed.

QUESTIONNAIRE

Section A Statistics of Births and Deaths

Information concerning a birth or a death is submitted to the Municipal authorities by the physician in charge of the case and by the parents for a birth. Special forms are provided by each Provincial Government. Reports are made by each Province to the Dominion Bureau of Statistics.

Your committee should apply to the Medical Officer of Health for permission to study these records and procure copies of the report forms used by physicians.

Name of Community ..... Province .....
Population ..... Area .....
In your own community from July, 1926, to July, 1927
" , 1927, " " , 1928 :

1. How many babies were born alive? ..... Stillborn? .....
2. How many mothers died in childbirth? .....
3. How many mothers died within four weeks of birth of child? .....
4. How many of these were resident? ..... Non-resident? .....
5. How many confinements in home? ..... In hospitals? .....
6. What was the maternal death rate? .....
7. How does your rate compare with that of:
   (a) The Dominion? .....
   (b) Your Province? .....
8. How do you account for any variation recorded in 7 (above)? .....

Section B Maternal Care

Maternal Care includes:

(a) The care of the mother before the birth of the child: ante-natal care;
(b) The care of the mother during the birth of the child: confinement care;
(c) The care of the mother after the birth of the child: post-natal care.

Explanatory Note Ante-, Intra- and Post-Natal Care

ANTE-NATAL CARE deals with prevention and treatment. To make it effective the expectant mother should place herself as early as possible under the care of a doctor or a clinic, where she will have a complete history taken and a complete physical examination made.

There she will be advised concerning daily conduct, diet, rest, exercise and dress, and will be instructed to report monthly for observation, as well as to send specimens of urine for examination at such times as the doctor suggests.

She will be further instructed to report such conditions as nausea and vomiting, haemorrhage, headaches, backache, dimness of vision, swelling of hands and feet, urinary disturbances, in order that she may receive appropriate advice concerning these conditions; and she will also be told what to expect when labour commences.

INTRA-NATAL CARE, or confinement care, deals with the conduct of labour itself, during which period the patient should be under observation by an experienced observer until the doctor comes.

POST-NATAL CARE includes medical supervision while the patient is in bed and for a month thereafter, at the end of which time a pelvic examination is made in order to determine that there has been a complete return of the reproductive system to its normal condition.

To secure this care, the community needs:

1. Adequate professional personnel with opportunities to provide ante-natal, confinement and post-natal care.
2. Adequate provision for maternity wards and beds.
3. Social relief when the home resources are not adequate.
4. "Health Sense" in the community at large.

Section C

1. Adequate Professional Personnel:

(a) How many doctors taking confinement cases?

(b) How many graduate nurses:
Private? Visiting? Public Health?

(c) How many non-graduate nurses?

(d) How many midwives?

(e) How many visiting housekeepers or home helpers?

(f) What other help?

2. Facilities for Ante-Natal Care in Your Community.

"No sound progress can be made in the reduction of maternal mortality apart from ante-natal care" (Sir George Newman, Chief Medical Officer of the Ministry of Health, England).

(a) What is being done in your community to educate young married women as to the importance of ante-natal care?

(b) Is there a demand for ante-natal care?

(c) Is the demand being met by either private physicians or clinics?

(d) If clinics, state: Number? Average Attendance?
Conducted by?
Remarks

(e) If there are objections and obstacles to ante-natal care, please state them

3. Confinement Care in Home and Hospital.

In Home

(a) How many mothers confined in own homes?

(b) Did they have opportunities for consultation with a physician, instruction from visiting nurses, or home nursing classes previous to confinement?

(c) Is adequate use made of professional personnel as described above?

(d) How many had no nurses?

(e) How many had no doctor?

(f) How many had any opportunity of instruction from physician?

In Hospitals

(a) How many public hospitals taking maternity cases? Wards? Beds?

(b) How many private hospitals taking maternity cases? Wards? Beds?

(c) How many days does the patient generally stay in hospital after confinement?

(d) Does your community need more maternity beds?
Please state nature of need and what is being done to meet it.

(e) Is there adequate provision of inexpensive private and semi-private accommodation?

4. Post-Natal Care in Your Community.

After childbirth every mother needs, bedside medical and nursing care:
(a) At least ten days in bed.
(b) Rest of mind as well as of body.
(c) Nourishing food.
(d) Ante-natal examination at end of six weeks after confinement.

What arrangements has your community for rendering these services?
Visiting nurses? How many?
How do they charge?
Rest Homes? How many beds? How do they charge?
Is public opinion informed as to the need of ante-natal, post-natal care?
Does the fee for confinement care include ante-natal and post-natal care?
If there are objections or difficulties, please state them

Note.—Sections 5 and 6 are intended only for large centres in which there are organised Social Welfare Agencies.

5. Financial Causes of Lack of Care.

(a) In how many confinement cases was the proper care not received because of financial limitations as distinct from a lack of appreciation of the need of such care?

(b) In how many of these cases would free clinic and hospital care have met the situation?

(c) Having had access to the care mentioned in (b), how many would still have lacked adequate food, rest, etc., both before and after confinement?

6. Welfare Work in Your Community.

(a) Have you a family welfare organization to deal with those cases mentioned in Section C 5 (c). If so, is it conducted by voluntary workers, or does it employ trained Social Workers, or both?

(b) If you have a family welfare organization, will you confer with its workers in classifying the cases in Section C 5 (c) under the following causes:

1. Lack of intelligent management of resources by mother.
2. Lack of intelligent management of resources by father.
3. Lack of sufficient employment
4. An inclination to avoid employment.
5. Physical handicap that makes wage inadequate.
6. Mental handicap that results in inadequate wages.
7. Illness in the family (other than the mother's).
8. Other causes.

(c) Is your welfare work sufficiently adequate that the services of a trained Social Worker are available for the adjusting and building up of each of these problem homes? Of a Volunteer Worker?

(d) Is public opinion sufficiently concerned about the provision of guidance, encouragement, and, if necessary, relief, for these problem homes at ordinary times?

(e) Does public opinion recognize the special need of the services mentioned in (d) for the period before and after confinement?

7. Attitude of the Community towards Maternal Care.

1. How does your Society co-operate with public health officials, doctors, nurses and social workers to improve conditions?
2. What suggestions have you to make regarding the education of the expectant mother?
3. What efforts are being made in the community to educate your married people (both husbands and wives) in this matter?
4. Do the Service Clubs interest themselves in it?
5. What forward movement in Maternal Care is needed in your community?
6. What plans have been made to support it?

The Importance of the Social Life of the Student Nurse

By BEATRICE CREASY, President, Student Government, Training School for Nurses, Winnipeg General Hospital.

There is a tendency for the nurse in training to drop all former activities, acquaintances, and interests to devote all her time and attention to the work in hand, i.e., the routine hospital work and the study required to become a graduate nurse. To my mind this attitude is in some ways laudable, but in the long run most unfortunate, defeating its own purpose, for if anyone ever required a broad and liberal education for success in her work, it is the nurse. Just at this juncture I would like to say, that I feel it unwise for young and inexperienced girls to enter training, because they have not had time to become interested in various social activities, or to form tastes for the cultural things of life, which, once formed, are more or less permanent interests, but which are not likely to be begun in the busy life of the training school. The importance of a sound preliminary education cannot be over-estimated.

One cannot have too many points of contact. It takes considerable effort but it is indeed worth while to keep in touch with one's old friends, with the various organizations to which one previously belonged, and with social and current events taking place in the world outside the training school, for the training school is a

little world in itself. There is a great danger of becoming so absorbed in the work in hand that one gets into a rut, wearing it deeper and deeper, till the broad horizon is lost to view and life becoms a very narrow and single tracked affair. Often I hear the cry, "O I would love to go, but I am too tired!" True, but even psychologists vouch for the truth of the old adage "A change is as good as a rest," and one often wonders just how much of fatigue is boredom, the result of monotony. Have you ever taken part in some very enjoyable sport when feeling "dog tired" and been much refreshed by it?

Let me tell you of some of the ways in which our training school is trying to solve the problem of broadening the life of the student and making her a more social being.

A splendid training in the development of executive ability is given by the organizations of the school. Each class has its own executive, while at the head of the whole student body is the student Government Council, w hich serves as a link between the student and the training school office. The council consists of president; first and second vice-presidents, who look after order in the home, and the late leave permits, respectively; the secretary; the treasurer; the social convener; the assistant librarian; and two representatives from each class, namely, the president and the secretary-treasurer.

Our library affords opportunity for keeping in touch with current events and with what is new in our profession. The room itself is so bright and attractive that it is inviting and restful. The library contains not only reference books but the daily newspapers and other current publications, with a growing stock of the good authors. It is presided over by a librarian who is always willing to help the student. The assistant librarian has arranged for a course of extra curricula lectures on various topics by some of our best and most popular public speakers. Some of the topics are "Canadian Authors," "Women and Politics."

There is no need to outline the value of a sports programme. This year we organized under the leadership of the social convener, who divided the field into the following groups—basketball, badminton, skating, swimming, and out-door, which includes tobogganing, snow shoeing, and hiking. Each student must belong to one group and may belong to more. At the head of each group are three leaders, one from each year, who organize their group and arrange the games, parties and practices. We are fortunate in having a good swimming pool and tennis courts of our own, and access to the gymnasium in the Medical College for badminton and basketball.

The glee club is an active organization meeting once a week for practice. For several years it has taken part in the Manitoba Musical Festival, with no discredit to its conductor or the school. By concerts it has raised sufficient money to equip the home with a baby grand piano and an orthophonic. The glee club gives its members a great deal of pleasure and affords them a chance of learning more about good music and of keeping in touch with the musical world.

The various social functions of the school add greatly to the students' enjoyment. Arranging for these functions, managing them, and acting as hostesses at them, gives the students good experience and develops a certain amount of poise. There are the dances given by the various classes, the class parties, and the school parties, such as the Christmas Tree and the New Year's dinner. This year we have added school teas to the list. Each Wednesday the school and staff are invited, the classes acting as hostesses in turn. Our beautiful reception room is a great asset at all times, making the arrangement of functions easier, and having an excellent floor for dancing. It is also an ideal place to entertain one's visitors.

The nursing profession has had a great many traditions to live up to, and others to live down. Among the latter is the idea that a nurse's life is one of martyrdom, and that in entering training one necessarily gives up all joys except the joy of service. It is my hope, and I believe we are going about it the right way, to prove this old idea false.

*Progress and Opportunities in the Field of Nursing

Wonderful achievements and steady progress under all kinds of difficulties have marked the course of the nursing profession during the past twenty years. Apart from the medical profession, perhaps, there is no other line of human endeavour that has made such gigantic strides through the same period of time. There have been successes and failures in business, vigorous growth and chilling depression along industrial lines, good times and hard times on the farm; in a word, prosperity and adversity in all walks of life, but through it all, through storm and calm, through sunshine and clouds, the nursing profession has marched on in a direct line of progress. This has not been achieved without struggle and sacrifice, without determination and courage. As we stand today on the threshold of a new era in nursing education, it is well to remember that this remarkable evolution is the sole product of hard work and self-abnegation.

As we look into the future, all things have not been made known to us, yet we can see far enough to discern certain lines of inevitable development. It is generally believed by the best authorities on the subject that we have only commenced to tap the possibilities in this field. The present-day world with all its materialism is changing its attitude towards the work of a nurse. This is verified in various ways, but particularly by the step that universities are taking in their affiliation with hospitals and by the part taken in public health welfare. In this day of reconstruction and organization the whole attitude of nursing and nursing education is very different from the conditions that existed twenty years ago.

The rapid expansion in the field of nursing in late years has created a wide and ever-increasing variety of positions to choose from. Private nursing is undoubtedly the most familiar to the general public. The private duty nurse works by the bedside of the sick either at home or in the hospital, and during that time is responsible for the treatment and general welfare of the patient. In recent years there has been a demand for specialists who are qualified to give expert care in certain classes of diseases, such as mental and nervous cases, maternity work and children's diseases.

The public health nurse is recognized today as a necessary factor in the great warfare for life against disease and death. The various types of health work have made it necessary for nurses to develop special methods and technique for the different phases of this work. We have, for example, the school nurse, who extends general health supervision over the children in public schools. She helps to prevent the spread of infectious diseases, teaches simple rules on personal hygiene, sees that physical defects receive proper attention and serves as an expert adviser in the teaching and maintaining of proper living in the schools. The rural nurse fills various capacities in remote districts where she has often to fill the combined duties of nurse, board of health officer, and social worker, all in one. Then we have the T.B. nurse, whose work is of inestimable value in checking the early course of this ravaging disease. In the large centres there is an ever-growing demand for the child welfare nurse who devotes her time mainly to the prevention of illness among babies and the teaching of mothers. These and many other branches of health work are closely

(*An essay by a student nurse, St. Martha's Hospital Training School for Nurses, Antigonish, N.S., read at the graduation exercises, 1928.)

related, and a number of them are sometimes combined under one nurse.

Then we have the great field of hospital work, which is becoming wider every day. There is an ever-increasing demand for superintendents of hospitals, administrators, superintendents of nurses, instructors, floor supervisors, dispensary nurses, dietitians, social service workers, anaesthetists, laboratory technicians, and others.

There has been a recent movement in the United States, which though not yet fully developed, promises to bear abundant fruit, and that is rural extension work. This new activity, which is carried on in connection with universities or agricultural colleges, offers nurses golden opportunities of carrying the gospel of health, hygiene and sanitation to remote districts. Nurses are now engaged in several states to conduct institutes and give lectures throughout the country on health subjects. We do not require a very high degree of far-sightedness to see the day when we shall help our country in this practical way.

Again, there are many branches of public welfare work which remain still undeveloped and await investigation and organization. There are many problems that are extremely practical and vital to public welfare still unsolved. The system of nursing education itself is undergoing radical changes and calls for a high type of educated woman. The solution of any of these problems offers scope and opportunities to nurses of intellectual and administrative ability. There is a special call for leaders who in addition to their professional training have the capacity for enthusiastic, whole-hearted, constructive effort. Experience shows that wherever women have shown their fitness for superior service in the nursing field, they have been duly recognized. The opportunities for real service are positively unlimited.

The nursing profession compares favourably with other occupations for women, inasmuch as the nurse is engaged continually in real live problems, and thus not merely in abstract preparation. The main object of her work is to bring a fuller, happier and more useful life to all, through the active promotion of health and proper living. Lady Helen Munroe Ferguson in her address on "The Nurse as a Citizen," congratulates them on the fact that their horizon instead of being narrowed becomes continually wider, and their work, instead of tending to contraction of character and impoverishment of soul, tends to bring out and expand every quality with which they are endowed. Another author would have the nurse the foster-mother of the race, when he says: "Whenever and wherever there is life to be tended, nourished or nursed, whether the life be yet unborn, or new-born, or senile, or ill, there is the field for womanhood exercising its great function of foster motherhood."

It is, therefore, quite evident and safe to conclude that the graduates of 1928 are entering upon a field where there are uncounted opportunities of service and where the possibilities of self-development and social usefulness are limited only by one's own capacity. However, it must be borne in mind that these same opportunities and possibilities are not productive of any good unless they are met with individual and conscientious application as well as earnest and constructive effort. It is for us to "bear the torch and pass it on."

Miss Annie J. Hartley

Miss Annie J. Hartley, graduate of the Toronto General Hospital, has recently been appointed Matron-in-Chief under the Department of Pensions and National Health for Canada.

She was born in Brantford and for several years after her graduation was

MISS ANNIE J. HARTLEY

night supervisor in the Toronto General Hospital before going overseas as Matron of No. 4 Canadian General Hospital, in May, 1915.

Miss Hartley has a distinguished war record of military service, in Quebec, Canada; Shorncliffe and Basingstoke, England; Etaples, France; hospital ship duty from Malta to Gallipoli; and two years' service in Salonica, Greece. She was awarded the Royal Red Cross (1st class) in 1916, and mentioned in despatches by General Milne in 1916, and awarded a bar to the Royal Red Cross in 1918.

She returned to Canada for demobilization in July, 1919, and after a short holiday at home was made matron of the D.S.C.R. hospital at Burlington, Ontario, from October, 1919, to 1920, when she became Matron to Christie Street Hospital, Toronto.

In this newly-created position, Miss Hartley becomes Matron-in-Chief of all hospitals of Pensions and National Health in conjunction with her duties as Matron of Christie Street Hospital, with headquarters there. Her new duties will include occasional visits of inspection of these hospitals, situated at various points throughout Canada.

The Alumnae Association of the Toronto General Hospital, overseas nurses and her many friends in the nursing profession, as well as the great number of patients who have known her kindly interest wish Miss Hartley much enjoyment in her enlarged field of usefulness, and are very pleased regarding the honour which has been bestowed upon her.

"THE LADY WITH A LAMP"

During the early part of January a play entitled, "The Lady with a Lamp," by Mr. Reginald Berkeley, was presented at the Arts Theatre Club of London, England. In referring to this play, "The Nursing Times" reports, "Beautifully written, exquisitely staged, and acted with a restraint which gave to the production that dignity which the subject merited. The play opens at Florence Nightingale's home in Hampshire." This journal states that while the first act is somewhat disappointing, the remaining acts, "are a skillful presentation of her as a woman with a clear brain as well as vision, rather than as a perpetual smoother of pillows. It comes as a genuine inspiration not only to nurses but to every woman who feels that somewhere in the world there is work for her to do."

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section.
Miss CHRISTINA MACLEOD, General Hospital, Brandon, Man.

*Among the French Canadians in the Province of Quebec

The history of the nursing profession in our country goes back to the year 1639, when the land was under French domination. During this period the ladies of the court of Louis XIII were greatly interested in social work. Thanks to the publication of the "Relations" of the Jesuits, they knew of the pressing needs of the colony which was still in its infancy. The Duchess of Aiguillon, niece of Cardinal Richelieu, whose zeal equalled her piety, resolved to furnish the necessary funds to build in the city of Quebec a hospital destined for the colonists and the Indians.

Three nursing sisters of Dieppe, of the order of the Chanoinesses of St. Augustine, were chosen for this heroic enterprise. In company with the first group of Ursuline nuns (among whom was Mother Marie of the Incarnation, called the Therese of New France) they arrived at Quebec on the first day of August, after a terrible three months' voyage. Just then an epidemic of small-pox broke out among the Hurons. The nursing sisters, who were given temporary lodging by the Jesuits, set to work immediately and in less than three months our heroines had given care to more than two hundred of these unfortunates, whose filth was equalled only by their misery.

A life of incredible suffering and privation began for the group of noble women and lasted for them and their successors for more than a century. Their unconquerable courage and their great charity were above all praise; extreme poverty, the cruelty of the Iroquois, fire, war, nothing could make them give up their work, nothing could conquer their devotion to duty.

For more than three hundred years the nursing sisters of the Precious Blood in Quebec have lavished their charity and ability on thousands of the sick in their district, where they are regarded with gratitude and veneration.

They have had many trials in the course of these three centuries. Today they have numerous flourishing hospitals, where the sisters give themselves to their work without stint, following in the footsteps of their holy predecessors. the first heroines of French Canada.

Some years after the arrival of the nursing nuns in Quebec, in 1642, Ville-Marie, now Montreal, was founded 180 miles from Quebec. The distance of the borough of Hochelaga (the Indian name for Montreal) from that of Stadaconna (the Indian name for Quebec) necessitated the establishment of a new hospital, that of the Hotel-Dieu of Montreal. The sublime devotion, the heroic sacrifices of Quebec were repeated at Ville-Marie.

To the great Jeanne Mance (the collaborator of Maisonneuve) whose ability and qualities we know, was entrusted the direction of the new hospital. It has well been said that Jeanne Mance is the first woman who appears in the history of Ville-Marie (Montreal). With her noble heart, her sound judgment, her enterprising spirit, her firm will, and her heroic virtues, she is the fine type on which her followers are modelled. She had the nursing sisters of le Fleche associated with her to help and continue her work.

The history of these ancient institutions is the history of Montreal, of its heroic origin, of its stirring struggles, of its astonishing progress.

*Published by courtesy of *The I.C.N.*

Since that remote period the number of our institutions has increased considerably. We have today in the Province of Quebec fourteen hospitals whose schools of nursing are approved by the Association of Registered Nurses of the Province of Quebec, without counting a good number of others, especially in the district of Quebec, which have not yet judged it opportune to have their schools approved and their graduates registered.

The Association of Registered Nurses of the Province of Quebec dates from 1920, when it was legally approved and granted a Charter by the Legislature. In 1925 the Association was authorised to make membership conditional upon the passing of an examination. This examination is held twice a year under the direction of the Committee of Management of the Association for the graduates of all the approved schools. The law provides for an exception in the case of the graduates of the schools affiliated with any of the French-Canadian Universities of the Province, for whom the Board of Examiners is composed of members of the University and of members of the Association.

It being our intention to give here only a general idea of the status of nursing in the Province of Quebec, we shall limit our review to the principal schools of nursing among the French Canadians.

The first was founded at the Hospital Notre-Dame in the month of October, 1899. The hospital itself was established by the initiative of Dr. P. Lachapelle, the Reverend Father Rousselot, P.S., and the Mother Superior General of the Gray Nuns, Mother Deschamps. "We see here united in a common undertaking to establish a national and catholic enterprise, the University, the order of Saint-Sulpice and the Gray Nuns. It is on this triple foundation that the Institution rests with us and has its reason for existence—and it should realise in a form of charity unknown up to this period an intimate religious and secular collaboration." The school of nursing was founded with the object of charitable work and for clinical teaching; in its development it had necessarily to extend its benevolent action to young women wishing to learn the art of nursing.

This school, as well as the Hospital of Notre Dame itself, is under the direction of the Gray Nuns. These worthy daughters of the venerable Mother d'Youville lead a quiet existence, but none the less they have a remarkable spirit of progress and their devotion to duty is so familiar to us that it passes almost unnoticed.

The second French-Canadian school of nursing in Montreal was founded at the Hotel-Dieu Hospital in 1901, and received its legal recognition in 1920. Its affiliation to the Association and to the University of Montreal gave it the final official approval.

In 1907 the third school of nursing was opened, that of the hospital of Saint-Justine. "It was"—so says the chronicle—"on a November day, when the leaves were falling from the branches like wounded birds, that some ladies met together in an old house. They had $87.11 in money, a box for a table and four chairs, with which to lay the foundations of the Saint-Justine Hospital for Children. These early workers had a heavy task to accomplish. To undertake the organization of a hospital for children at this period was to fight against fixed prejudices. It was considered that children ought to be cared for in their families, or, if necessary, in the existing hospitals with the adults. Yet, because it was necessary to fight against these prejudices and because there were little ones who wept for help, a week later a bed, a ton of coal, a sick child and a nurse entered the old house simultaneously. The Saint-Justine Hospital was founded."

To these women, directed by Madame L. de G. Beaubien, the population of Montreal owes a debt of gratitude it can never discharge.

The medical department of the Saint-Justine Hospital, under the di-

rection of Dr. Raoul Masson, was organised in January, 1908, and the dispensary was opened in March of the same year. Already many mothers were coming to the consultations with their children in their arms.

In March, 1910, the "Filles de la Sagesse" arrived from France to cooperate in the fine work of Saint-Justine. The hospital today has 300 beds for children, excellent dispensaries, a maternity department and a school for crippled children.

From Montreal, let us go to the city of Three Rivers, 96 miles lower down on the north shore of the great Saint Lawrence River where we find the fourth school of nursing. This is annexed to the St. Joseph Hospital, under the direction of the Sisters of Providence, a community founded in Montreal in 1843 by the great Bishop Bourget and Madame Gamelin. The community was modelled on that of the Sisters of Charity of Saint-Vincent-de-Paul, and was founded for the relief of all sorts of human misery; of the sick of every category; of foundlings, old people, orphans, deaf and dumb, incurables, and of the mental cases found in the 102 establishments of the Sisters of Providence scattered throughout all North America—to give the care necessary for their cure, or a refuge, protection and a home.

The school of nursing of the Hospital of St. Joseph, at Three Rivers, is affiliated to the University of Laval, in Quebec, and approved by the Association.

In October, 1912, another school of nursing (the sixth) opened its doors. This was the school of the Hospital of Saint-Jean-de-Dieu, an establishment under the direction of the Sisters of Providence. More than 3,500 mental cases are received in this institution. Of this number more than 600 are under treatment in the various medical and surgical departments for physical disease. The pupils of the school receive a complete training, comprising the two months affiliation they have at the Saint-Paul Hospital for contagious diseases and at the Hopital de la Misericorde for maternity training. The school is approved by the Association and affiliated to the University of Montreal. It is well organized, and contains the most modern material for the education of its pupils. Both directresses and pupils are entirely devoted to the best interests of the profession.

For the history of the fifth school we must return to Montreal, to the Hopital de la Misericorde, an Institution founded in 1846 by Monseigneur Ignace Bourget, Bishop of Montreal and Madame Jette, known in religion as Mother Marie de la Nativite. At first the hospital had no school, so Madame Perras, a charitable widow, offered her services to the institution, which accepted them with gratitude. Several hospitals sent their pupils there in order that they could obtain the training that they needed in obstetrics, and in this way the teaching of pupil nurses began. Gradually the institution agreed to receive pupils desiring to specialize in obstetrics, and the school was established. As this hospital now offers general training its school was approved by the Association in 1925 and affiliated to the University. The Hopital General de la Misericorde also bears the title of "The Catholic Maternity Hospital of Montreal."

The seventh school of nursing is in the city of Three Rivers, at the Normand and Cross Hospital. The hospital was opened in 1912 and the school was founded at the same time. It is approved by the Association and the University of Laval, in Quebec.

In the city of Sherbrooke, situated in the Eastern Townships, we find the eighth school of nursing, in the Saint Vincent-de-Paul General Hospital, directed by the Sisters of Charity of Saint Hyacinthe. Instruction for nurses was started in 1913. Like the preceding schools, it is approved by the Association and the University. The city of Sherbrooke rightly feels itself honoured in the possession of a hospital which, although distant from

the centres of university teaching, offers to its pupils every facility for a complete training.

Lachine, in the suburbs of Montreal, gives us the ninth school of nursing, which is that of the St. Joseph Hospital, directed by the Sisters of Providence of Montreal. This little hospital has already received under its hospitable roof hundreds of sick who have there again found health and happiness. The attractive maternity department allows the pupils to obtain their training in obstetrics without having to go elsewhere for it, which is an advantage greatly appreciated.

This short resume of the history of our principal French Canadian schools of nursing will give, we hope, to our foreign colleagues an idea of the status of nursing in the Province of Quebec, among the French Canadians. In all these schools the programme of study is that prepared and required by the Committee of Management of the Association of Registered Nurses of the Province of Quebec.

This programme comprises three years of study and some months of affiliation in general or special hospitals (according to conditions) so as to complete the training of the students.

The greater number of the French-Canadian hospitals are directed by the nuns of various communities and have their own schools, as a result of which graduate lay nurses find only rare positions in these hospitals. Up to 1925 private duty was almost the only field open to the latter.

However, in 1925, the University of Montreal with the help of the Provincial Government, that of the Health Department of the City of Montreal, of the Anti-Tuberculosis and General Health League of Montreal, and also of the Metropolitan Life Insurance Company, founded its School of Public Health Nursing.

This school gives a post-graduate course of nine months to graduate nurses from the schools of nursing approved by the Association and affiliated to the University of Montreal. It has as its object the training of public health nurses, the need for whom is greatly felt in the Province.

Those in charge note with satisfaction the good already accomplished in the district where the school's health centre is situated. The graduates usually obtain important positions. the number of students is increasing each year to such an extent that it has been necessary to limit the number of admissions.

In the Province of Quebec special problems arise, similar to those met with in Belgium on account of the fact that there are two races, speaking two different languages. But it is to the honour of the Association that it has been able to unite in its membership nurses of these two races. Its Administrative Council is composed of members of the two groups, who understand each other very well and whose relations are most friendly.

The distinguished visitors who will do us the honour of attending the Congress of the International Council of Nurses in 1929, will be able to see for themselves how much the French-Canadian nurses are interested in their profession, how much they desire its progress and its improvement from the ethical point of view as well as from the technical and the patriotic.

We extend to our honoured guests the most cordial welcome, and we hope that they will have only pleasant memories of their sojourn with us to carry back to their own countries.

Signed: Reverend SISTER AUGUSTINE, F.C.S.P., Superintendent of Nurses St. Jean-de-Dieu Hospital and Chairman of the French Section of Nursing Education of the Association of Registered Nurses of the Province of Quebec.

Signed: EDITH B. HURLEY, B.A., M.A., R.N., Director of the School of Public Health Nursing of the University of Montreal and Professor of Public Health Nursing at the University. Vice-President, Association of Registered Nurses of Province of Quebec.

Signed: (Mme.) RACHEL BOURQUE, R.N., 1st Assistant School of Public Health Nursing, University of Montreal; Member, Board of Examiners, Association of Registered Nurses of the Province of Quebec.

Vocational Guidance

By GRACE M. FAIRLEY, Victoria Hospital, London, Canada.

Recently there appeared in "The Canadian Red Cross Junior" a series of articles entitled, "Do you want to be a ————?" This last month the article was, "Do you want to be a Nurse?" This article outlined in a very interesting way the outstanding points in the profession that are likely to appeal to a young girl who is contemplating a professional career.

Wisely, it stressed the importance of a sound educational back ground, did not make the picture too attractive, but emphasized the idea of service which is so necessary in the mental makeup of the prospective nurse.

In Canada, at the present time, there is no shortage of applicants to the schools of nursing offering a well balanced course, but there is a great need of some earlier contact with prospective students with a view of giving some advice or guidance along educational lines, so that the embryo nurse will have the best type of preparation for what is becoming an increasingly heavy course.

The various departments of education have done much in the last few years in developing this attitude of professional and vocational guidance, but it has not gone nearly far enough.

There is not a superintendent of nurses, or principal of a school of nursing that will not acknowledge the frequent applications of young women evidently quite serious in their desire for training, but who will, without a thought, expect to take up the reins of the nursing course after a term of anything from one to three years away from school, and in the meantime having made no effort at any systematic study.

After reading this article in "The Canadian Red Cross Junior," the writer was again impressed with the value of educating public opinion—through the medium of the press; and if the various provincial nursing organizations could have articles, similar to the one referred to, published in the city and county newspapers, from time to time, probably under the "Women's Page," a great benefit would be derived both by students and schools.

In each locality where there is a hospital, it would be of great advantage if an annual contact could be made with the high school students through the co-operation of the principals—not so much with the view of tempting students to take up nursing, but rather of discouraging those who have not an adequate education and at the same time, urging the sincere student to continue her studies to the limit in preparation of the profession.

There is nothing sadder than to see the good all-round nurse handicapped by lack of preliminary education from accepting or being accepted for some post that she might otherwise have filled with ability and distinction, and too often this is the result of lack of knowledge of the needs, or to use today's phrase "Vocational Guidance."

EDITOR'S NOTE.—The circulation of "The Canadian Red Cross Junior" has now reached 30,000 copies an issue. This satisfactory condition has been reached through the united effort of the circulation managers in all the provinces under the leadership of Miss Jean E. Browne, Director of The Junior Red Cross in Canada, and the Directors of the provincial branches.

INTERNATIONAL COUNCIL OF NURSES

Applications for Exhibits Space and the amount required, to be forwarded to Miss C. M. Ferguson, Royal Victoria Hospital, Montreal, **before April 1st, 1929.**

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
Miss THERESA O'ROURKE, 733 Arlington St., Winnipeg, Man.

Hourly Nursing

By MARGARET L. MOAG, Superintendent, Victorian Order of Nurses, Montreal

This is a subject of vital interest at present to the nursing profession, to the medical profession and to the laity at large. Articles are appearing periodically in our own professional magazines, social welfare magazines, and during the last two years many others have had excellent write-ups on this question. There are many reasons why it has become so important.

There have been many changes during the last twenty-five years. Many of us who have been actually engaged in our profession for a long period of time can speak with experience of these numerous changes. We all know that patients do not remain in hospitals for as long a period of time as formerly. They are now sent home to convalesce, as hospital beds are very valuable today on account of the shortage. Much more emphasis is laid on the prevention of disease than formerly, people seek advice and treatment before disease has made headway, previously they waited until acutely ill so the very character of illness seems to have changed. Someone says the high cost of living has made life a struggle for most people. People of moderate means live in the small apartment, domestic service has become so difficult to obtain that people have been forced to do without. Even the type of nursing seems to have undergone a steady change. Families are not satisfied with the nurse who has not a broad outlook on her community, and they expect her to know something of the health resources in that community and how to teach and instruct while in the home.

Private duty nursing is serving thousands of people annually but it no longer fits all types of cases. We all recognize the fact that there are many families who are and always will be financially able to engage the service of the private duty nurse for any length of time and pay her her maximum fee. We also know that the poorer families receive necessary care at a very small fee, or free if unable to pay anything, from an organization like the Victorian Order of Nurses, financed by community funds. But what of the families that lie between these two groups, those who cannot make any provision in a family budget for illness that does come in spite of all they may be trying to do to prevent it? Today there is a great respect for ability and knowledge, and the statement has been made that it is not fair that a few people can absorb the full time of highly trained capable nurses when the full time is not essentially valuable to the patient. Doctors, lawyers, engineers, etc., do not give more than an hour a day to their clients or patients, and people are learning now that the time of the graduate nurse also is very valuable.

In a recent magazine there was an article on, "Nursing the family of moderate means." It described the long street in a certain city where Mrs. Van Swagger in her luxurious home at the top of that street was ill—three nurses were in attendance. At the end of the street in a small home was Mrs. Brown, ill too, with the visiting nurse coming twice a day and her sister carrying on between her visits. In an apartment house halfway between, the bank clerk was ill with bronchitis, and his young wife, who had spent her entire youth at a typewriter, was trying to care for

him and weeping because she didn't know how. There was a wee babe in another apartment—a premature, just home from the hospital, the young mother not strong enough to give him adequate care, and in another apartment house an old couple lived—the old gentleman, a retired college professor, needing more care and treatment than his wife could give. Their doctors had all said they should have a graduate nurse's care, all felt they didn't need and could not afford full-time nurses, but they did not know the visiting nurse would care to come, or had time to come to them, as they felt her first consideration were the very poor.

Within a stone's throw of those people were two private duty nurses who dare not go out because they were on Registry call and needed work so badly. One spent the afternoon shampooing her hair, the other cleaned up the apartment: both jumped every time the phone rang.

Of course any one of these families in the middle of the street would go to a hospital if their illness was severe, and if it were a matter of life and death they would engage the private duty nurse on a twelve or twenty-four hours basis, even though the cost were entirely out of proportion to their incomes. These families needed the care and advice which only a well-trained nurse can give, and the nurses waiting for calls were paying for their long days of waiting.

Something must be wrong with a system that allows wantage of skilled nursing, when nursing is to be done, among a large group of people who require the service of a nurse for a short term, every day at least. There are many people of refinement and education living in our towns and cities throughout Canada who cannot afford a full-time nurse for minor illnesses where it is not necessary to have a private duty nurse remain all day, and no effort has been made to meet this need by the professional body of nurses. Special treatment at regular hours, dressings, general care morning and afternoon (particularly do families demand someone to make the patient comfortable at night), instruction for the mother when she comes home from the hospital with her new babe: many families will pay anything to have that daily visit at a regular time for a week or ten days and in these cases they frequently want daily formulae prepared for twenty-four hours. Communicable disease cases could also come under this type of service, also relief for special nurses. These are only a few of the many demanding instances at present, and in very obvious need of the type of service which hourly nursing can give.

May I quote from Miss Smellie's recent article—"It was stated recently that the cost of living is still far from the pre-war level. Moreover, salaries of teachers, clergymen and clerks have not been advanced, either in proportion to the present day financial requirements of their places in society or in some instances even to the needs of a more respectable existence. A statement was made (at the American Hospital Association in 1926) that those who are neither rich nor poor comprise four-fifths of the country's (United States) population. This means that when eighty out of one hundred people become ill, they are more or less embarrassed in providing for themselves so-called private room service with the additional expense of physicians' and nurses' fees. It is, therefore, high time to turn attention to the needs of the large number of people of moderate means who appear to have been somewhat neglected. It has been estimated that 1% of the population need visiting nursing care for illness each and every day; of course they do not all get it. Dread of illness and what it may involve drives the individual to work longer than he should when ill, and to return to work long before he is well and strong again."

What is hourly nursing? It is service provided and paid for on a time basis, the charge being so much per hour or part of an hour, and is

quite different from service provided and charged for on a visit basis.

In the United States it is claimed that hourly nursing was first started in California twenty-five years ago by a nurse who felt she wanted more diversion than private duty afforded her. She advertised her venture and soon worked up a practice. The idea quickly spread to other places and other nurses began the same line of work.

In 1927 a survey was conducted by Miss L. M. Tattersall, statistician of the National Organisation of Public Health Nursing, to determine the amount of hourly nursing carried on by the Visiting Nurse Association group in the United States. It was found that in forty-six organizations upon which the report was based, hourly nursing was being conducted by Visiting Nurse Association groups in forty-five cities. In the study of work of registries, now being made by the American Nurses Association, reports received in 1927 show that hourly nursing is carried as part of the regular service by thirty-eight of fifty registries.

Hourly nursing is really a development of visiting service such as is being given throughout Canada wherever the Victorian Order of Nurses exists, for while the service exists primarily for the poorer families, independence has always been encouraged by requesting a fee for services rendered, and those who are financially able have always paid the cost of the visit.

In Canada the demand for hourly nursing is increasing in every town and city where the Victorian Order of Nurses is established. In the western districts people are requesting the service, and in one city this type of service has doubled during its first year.

There are many families where some one member is willing and eager to take care of the sick one if she had a little teaching, and here at every visit is demonstrated the care and comfort of the patient. There are many cases where two visits a day are all that are necessary: think of the comfort and freedom from worry it gives these people. The sick one is given first consideration, the nurse calls and does what is necessary and goes to her next case.

An interesting aspect of the possibility of hourly nursing service is that the position of members of the household is not altered by the arrival of the nurse. A wife can still get her sick husband a glass of water, smooth his pillows and prepare an attractive tray. A mother can still minister to her daughter's needs or that of her young baby, and the nurse will be paid only for the skilled service she gives, which only she with her years of specialized training can give adequately, and go on from one patient to another, practising her profession every hour of the day.

Hourly Nursing in Other Cities: In a recent letter from Mrs. Hansen, director of Visiting Nurse Association in Buffalo, New York, she states; "There is only one staff of nurses doing hourly nursing and they are under the supervision of the Visiting Nurse Association. The last call can be made for 9.30 p.m. The nurses in the hourly division of the Visiting Nurse Association have had previous training on our staff as general staff nurses. We have found that a nurse taken directly from the private duty field to do hourly nursing is not as satisfactory as the nurse trained on the staff. All hourly nursing visits are paid for on an hourly basis, and not on a visit basis. When our main office closes at 5 p.m. all calls are taken care of by the Nurses' Official Registry of Buffalo, and all calls at anytime for hourly nursing are referred to the Visiting Nurse Association."

In Cleveland, the Visiting Nurse Association, like the Victorian Order of Nurses, has been doing limited hourly nursing since 1919, but last year they started a special time service with rates of $2.25 for first hour and a fractional basis of $1.00 for second hour: this service is only a day service from 8.30 a.m. to 5 p.m. Some working arrangement

with the Nurses' Registry by which the service could be a twenty-four hour one is being considered.

PHILADELPHIA'S EXPERIENCE: "The Visiting Nurse Association in this city has been trying out hourly nursing since 1919. Calls are chiefly for the care of chronics, special treatments such as colonic irrigations, enemas, minor operations, relief for private duty nurses with acutely ill patients, moderately ill cases of grippe, tonsilitis, occasionally maternity cases, and some care and instruction in the care of babies and preparation of food formulae after the mother has returned from the hospital. In a few cases patients referred by the staff nurses have received special teaching in Occupational Therapy at hourly rates, but only when the patient is having general nursing care. Calls are answered by the regular staff who have passed their probationary term of two months on staff. Calls are answered within city limits between 8.30 a.m. and 8.30 p.m. Charge is $1.50 for first hour or fraction thereof; 40c for every thirty minutes after the first hour. After 5 p.m. the charge is $2.00 for first hour and 60c for each twenty minutes thereafter. Taxi, if needed, is paid for by patient. The majority of cases do not require more than two hours care."

In Philadelphia, hourly nursing "is now regarded as an essential rounding out of the community health programme which deals with human needs rather than economics. Incidentally such a service does much for the nurse in maintaining a balanced point of view of her work. The big problem is not the administration of the service, nor the misuse of the nurse's time, but that of not being able to promise the same nurse to each patient each time. This problem, of course, exists in all nursing to a greater or less degree. Even with this adjustment to face the hourly patient is the beneficee of three advantages:

(1) Professional standards vouched for, not only by the state, but by a board of responsible citizens, representing the medical, nursing and non-professional groups.

"(2) Supervision of nurses' professional work which includes the best and most recent concurrent education in the field of public health and nursing technique.

"(3) Resourcefulness in bringing a trained adaptability and capacity for quick and efficient adjustment to varying conditions. The public health nurse knows how 'to make the best of it.'"

THE FUTURE: At present there is no doubt in the minds of the laity, the medical profession, and the nursing profession that the need is very evident. Is it not our responsibility as nurses to provide, so far as in our power, satisfactory nursing care; and if we fail in our duty are we not liable to be censored as a group, because we are not meeting the nursing needs of our people? As to who will ultimately do hourly nursing, this question cannot be settled by a definite statement, beyond the fact that it has already been carried on in a limited way in Canada by the Victorian Order of Nurses. We feel safe in saying that nursing on an hourly basis will do more than any other method for giving scientific nursing care to those who need it and it will quiet the unrest and dissatisfaction so apparent among nurses and lay people.

DIFFICULTIES: No one can estimate the many problems and difficulties that may have to be faced by those who undertake to supply hourly nursing, but as the service becomes available many adjustments will have to be made, and much publicity given both to the laity and the medical profession.

"In a visiting nurses organization we have: organization with governing bands of lay people, trained to think in community needs and determine policies based on those needs; a system of receiving and answering calls on a visit basis, nurses covering the entire community so that travel is reduced to a minimum; nurses who are accustomed to making quick

adjustments in all types of homes, thus conserving time which will be an all considerate factor in the minds of the patients' family; nursing supervision thus insuring uniform procedure to the patient when same nurse cannot always attend the case."

We have a method of analyzing our cost per visit, and this is important because the fee for hourly service will be based on the actual cost to the organization and will automatically answer any criticism by public as to over-payment.

We have a system of taking histories, keeping records, and analyzing statistics so that any development or changes to be made may be based on authentic facts.

As for the nurses, there are many advantages in being members of an Association like ours. Standards of work are uniform, policies and ideals are in the best interest of all concerned in the community, the nurse is on regular salary, has regular hours on duty, is given a yearly vacation with salary, sick leave when necessary with pay, she has opportunity for promotion, and through supervision is kept in touch with all the developments in the field of health. Every visit is an interesting demonstration in nursing care and her opportunity to teach health education is unlimited.

Dr. C. E. Winslow, Eminent Fellow A.P.H.A., who is a member of the Committee on the Grading of Nursing Schools, speaking for himself on this subject of hourly nursing, states in "The Public Health Nurse": "I believe that the public health nursing organization is the agent for this work, and that if the public health organizations do not rise to the opportunity, the whole cause will suffer immeasurably. If the organization of private duty nursing is to be effective it must be carried out first of all, with the interest of the public as a whole primarily in view, and secondly, it must be carried out with reference to the highest standards of professional performance. The public health nursing organizations are public service corporations in the highest sense of the term, and they are the only organizations which have the supervisory force to make a community nursing service work, and work with success. If the registries were to undertake the task they would be forced to build up a duplicate supervision staff, which would be wasteful and almost impossible in view of the limited supply of qualified persons; and if they did, by a miracle, succeed, the result would be to create parallel community nursing services, one for the rich and one for the poor, an outcome which would set our whole movement back ten years or more. What I hope may happen is that by the development of hourly nursing, through the regular visiting nurse staff, by cooperation with the registry and perhaps by the organization of a sort of reserve corps of nurses available for eight or twelve or twenty-four hour service—whether on a salary basis or not, I do not know, but all under sufficient supervision to guarantee adequate standards of service—by some such means as this, I hope to see nursing service in the homes of rich and poor, whether on a visitor, or an hourly, or on a daily basis, developed into one co-ordinated scheme of effective community service. It is no easy task, perhaps it is an impossible task. I cannot but feel, however, that the problem is more likely to be solved by the visiting nurse associations with their prestige and their command of so much of the organizing ability of nurses and of lay directors than by new organizations which might conceivably be developed for the purpose."

As previously stated, there will be many adjustments, but public health organizations are always making adjustments to meet changing conditions. But we must see that our underlying principle must suffer no change, that is, the spirit of service for all people in our communities, irrespective of method of payment; nursing care of the sick in their homes, teaching the prevention of disease and the promotion of health throughout the community.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss MARY MILLMAN, Department of Health, Toronto, Ont.

Fighting Diphtheria in New Brunswick

By HUILOTA DYKEMAN, Director Public Health Nursing Service.

Like Mr. Barnum of circus fame we in the Public Health field must never let an opportunity to "seize the public at the psychological moment" slip by. This time the opportunity presented itself in the form of a few cases of diphtheria in two adjoining towns of about 6,000 population all told.

Many parents had, of course, heard of diphtheria prevention, and some had even gone to the "extremity" of having their children immunized, but not the majority—It was a case of "why worry?" The time came when a great many did a lot of worrying as they found that it took many weeks to produce a lasting immunity, and that the children might have been protected long before diphtheria appeared in the town. The District Medical Health Officer here stepped in and saved many parents the trouble of pondering further what should be done.

First, a meeting of the School Trustees was held at which the Medical Health Officer explained his method of campaign for having all the school children inoculated with toxoid. It met with the unanimous support of the Board. A general meeting of the town people was then called, notices of which, with articles on "diphtheria prevention" appeared in the press. The clergy were circularized, and notices of the meeting and its purpose were announced from the pulpits. This resulted in a very representative gathering of citizens at which the Health Officer explained the value of diphtheria immunization, the actual procedure, and the proposed plan for having all the children inoculated at one time. The people were eager to co-operate, and the only difference of opinion arose over the advisability of closing the schools to prevent further increase of diphtheria cases. Timely explanation by the Health Officer of the more modern and successful method of keeping schools open in order that the public health nurse might keep in touch with the children who would otherwise be running loose, satisfied the people.

The School Board then declared that the following Friday afternoon the usual school work would be dispensed with and the time given up to the inoculation of the children. Each child was given a circular letter, sent out by the School Board, briefly explaining to the parents the use of "Toxoid" and the necessity for the three inoculations at stated intervals. The letter also suggested that they bring the pre-school age children to the schools on the day of the clinic for inoculation. On the bottom of the letter was the "consent slip" to be signed by the parent or guardian. These were returned to the teachers, who in a few days knew exactly how many children were to be permitted to take the inoculation. Those whose parents were doubtful or not yet convinced were then visited by the Public Health Nurse and eventually the consents reached 100 per cent.

The clinics were held in three schools at the same time, and local medical help was arranged for by the School Board which employed four doctors at a flat rate for the first and succeeding two clinics. The Provincial Department of Health contributed the services of the District Medical Health Officer, the District Medical School Inspector, and one Public Health Nurse. The local public health nurse secured volunteer nurse helpers for the afternoon of each

clinic. Over 1,000 children, including many infants and those of pre-school age were inoculated in less than two hours on each of the three afternoons.

The outstanding points that made possible the immunization of practically 100 per cent of the child population of the two towns were:

1. A District Medical Health Officer who was a good organizer and seized a pertinent opportunity.
2. A School Board progressive and open to conviction.
3. A local Public Health Nurse in whom the people had absolute confidence, and whose management of the details of the clinic was without flaw.
4. The whole hearted co-operation of the school teachers.

A Health Exhibition in Australia

By ELINOR N. WADE, Newington, New South Wales

During November 1928, I went, one afternoon, to a Health Exhibition held in the Sydney Town Hall. This Exhibition was organized by the committee that worked during Health Week. To me, it seemed to partake of the usual things one sees at Health Conferences and of the best part of a regular Trades Exhibition.

One section was devoted to the State Board of Health, where one found huge modelled maps in relief showing various water and drainage systems, septic tanks, incinerators and other things pertaining to sanitary engineering.

The departments of agriculture, horticulture, veterinary, poultry and dairy, had some interesting exhibits which drew various groups of people.

The hospital and university had exhibitions of radium cure for cancer and the latest cures and preventive measures for tuberculosis and other diseases.

The Tresillian Mother Craft Association had two model clinics: a Baby Health Centre for the cure of the baby and an Ante-Natal Clinic for the care of the mother, where one could see the nurse engaged in making urinal ses.

In a side-hall one could witness various Health Movies, while on the stage at certain hours there were demonstrations by Boy Scouts, school children, Y.W.C.A. gymnasts, and other organizations of Eurythmics, folk dancing, drills and ju-jitzu; all of which we were informed were for the promotion of our well-being.

Most of the welfare and social organizations had stalls there. One could learn all the mysteries of eugenics or of life saving at sea by talking to the person in charge at certain stalls.

A large part of the hall was taken up by purely commercial stalls, but all more or less of a character that sold goods for the preservation or promotion of health. I tasted samples of many kinds of foods that were guaranteed to fatten me, to give me the necessary vitamins, to prevent constipation, etc. I was really surprised to find a stall there extolling the virtues of a mercolized wax for the complexion. Being a hardworking bed-side nurse, I appreciated the display of sensible and smart-looking shoes, and the lecturette on the prevention of foot trouble at another stall.

The admission to the Health Exhibition was a shilling (25 cents) a day, and it was on for five days. I heard that all mothers who took their children to the Health Centres obtained free tickets. Nevertheless I saw a great many people pay their shilling to enter, which I felt was a good sign, perhaps proving the proverb that one only "got nothing for nothing."

I am sure the whole Exhibition was a success both from a financial and educational point of view. The slogan which was displayed on the catalogues and elsewhere was, "Learn to Live Long and Well." This slogan was the central idea of every display and exhibit, and well worth paying for.

Book Reviews

The Soul of the Hospital: By Rev. Edward F. Garesche, S.J., M.A., LL.B.; 207 pages; W. B. Saunders Company; Canadian Agents, McAinsh & Co. Limited, Toronto; price $1.50.

In reading this book one finds it inspirational, lifting hospital work "from the daily round the common task," to a higher intellectual outlook; emphasizing the necessity of the spirit of religion, culture and courtesy surrounding the patient. In this age of materialism, it is a delight to read such a book—especially chapters entitled "Culture in the whole Hospital," and "The Centre of the Hospital Universe." The chapter on "The Future of Nursing Education" appeals to all superintendents of nursing schools, in the fair, square way the subject is handled, showing knowledge of nursing schools' knotty problems and present day weakness, which all superintendents are striving to eradicate.

The book shows sympathetic understanding of all hospital activities, and is recommended for thoughtful reading by the nursing profession.—M. F. Bliss.

Personal and Community Health: By Clair E. Turner, Associate Professor of Biology and Public Health in the Massachusetts Institute of Technology. Published by C. V. Mosley Company, St. Louis, 1926.

The author prepared this book for the student at the university, college, or professional school. It deals with the health of the individual and of the community. Public health being considered from the standpoint of what the college or professional man who is not a sanitarian, needs to know in order to protect his family and meet his responsibility as a citizen.

The keynote of the book is contained in two sentences: "Your health depends not upon what you know, but upon what you do"; "To learn the facts regarding health of individuals or communities is an educational, perhaps a cultural process, but unless your habits of life and the quality of your citizenship are improved thereby you have missed the greater part of the educational opportunity."

Chapters I to VI deal with personal hygiene, each chapter including more than is ordinarily included under the main topic; for example, that on "The Hygiene of Action" deals with ocular hygiene, breathing, speaking, bathing and clothing.

The chapter on nutrition stresses particularly the effect of the emotions upon digestion and quotes freely from Cannon's work, "Bodily Changes in Pain, Hunger, Fear and Rage."

The remaining eleven chapters discuss all of the various phases of community hygiene, including communicable diseases, immunity, school hygiene, industrial hygiene and public health administration.

There are two appendices, the first one being a copy of the facts regarding the more common communicable diseases as presented by a committee report of the American Public Health Association.

There is quite a complete bibliography which is arranged according to chapter topics. There are fifty-three illustrations and an index.

The language of the book is not too technical for the ordinary reader, and the facts are presented in a useful and interesting way.

This book is hardly adequate for a textbook on hygiene for use in schools of nursing, but as a reference book and for use in supplementary readings it would be most helpful.—M. S. Fraser.

Directing Learning in the High School: By Walter S. Monroe. Published by Doubleday, Doran and Company, Garden City and New York, 1928.

This recently published book should prove as valuable to the teacher in the School of Nursing as to the High School teacher, in that it supplies the laws and uses the terminology of modern educational psychology in a most practical way.

The author in his introduction says that the recent contributions of educational research are probably sufficient to justify the appearance of a book which makes the results of investigation accessible to prospective teachers. He also says that it was written for the purpose of guiding and assisting the reader in arriving at a clear understanding of the task of teachers, and is confined rather closely to a treatment of problems relating to instructional procedures.

Many problems vital to the teacher are considered at some length, some of these being, the nature of learning activity, motivating the doing of learning exercises, directing the formation of specific habits, engendering of general patterns of conduct which will include ideals, attitudes, interests and taste, adapting instructional procedures to individual differences, and directing and supplementing learning activity outside of the recitation period.

Some good suggestions for learning to read rapidly are given in a brief, clear-cut form, as is also advice regarding the teaching of study habits, with a number of suggested questions for a teacher to ask a class regarding their general procedure in studying assignments.

The author points out the importance of the teacher's example, saying that he should make evident his appreciation of the values he wishes his students to appreciate. He also says that the teacher should approach his task of securing a motive for the doing of learning exercises with the attitude that the students are not hostile toward school work, and that if appropriate learning

exercises are presented in the right way and at the right time, it will not be difficult to secure the necessary impelling force to get them done.

The last chapter gives very helpful advice and suggestions regarding lesson planning and also gives illustrative lesson plans.

The author acknowledges his indebtedness to such authorities on the philosophy and psychology of education as Dewey, Thorndike Bagley, Charters and Parker, and applies their ideas in a very helpful way.

The book is well printed, is interesting to read and should provide a very stimulating source of help to the teacher in a School of Nursing—M. S. FRASER.

Four Thousand Years of Pharmacy: An outline history of Pharmacy and the Allied Sciences, by Charles H. LaWall, Professor of the Theory and Practice of Pharmacy and Dean of the Philadelphia College of Pharmacy and Science. Published by J. B. Lippincott Company, Philadelphia, London and Montreal, 1927.

The author of this book points out that every calling, trade, art and profession has a history, and says that the influence of the past upon the present is in direct proportion to the wealth of tradition and of history that has been handed down through successive generations.

If this is true, the influence of the past upon the present of Pharmacy must be great indeed, for the author has given us a most interesting account of the development of this science, beginning with that of the ancient Egyptians and following it through the Grecian, Alexandrian and Roman periods; through the Medieval and Modern to the present time. He emphasizes the influence of the Arabians in having preserved the pharmaceutical art through seven centuries; he shows how for many years magic and superstition dominated both medicine and pharmacy, and also how the latter was influenced by Alchemy.

Short interesting sketches of the lives of the more famous men who studied pharmacy are given as well as accounts of the numerous struggles and laws to regulate the particular sphere of the apothecary and that of the physician.

Just enough of the history of general science and of some of the professions, arts and sciences most clearly related to pharmacy is given to enable the reader to orient himself in the particular period of which he may be reading. In this connection quite a lengthy chronological table is given which is very helpful.

The author is evidently interested in collecting what he calls "quaint and curious volumes of forgotten lore." The source of much of his material is therefore original, as are also the sixty-four illustrations. There is quite a detailed bibliography, the references being arranged according to subjects. There is also a complete index.

While the book does not deal with the science of nursing, those subjects with which it does deal, are so closely allied to nursing that it should prove of great interest to nurses and to students of Materia Medica, and it would make a valuable addition to the library of a school of nursing.

—M. S. FRASER.

Nervous and Mental Diseases for Nurses: By Irving J. Sands, M.D., Associate in Neurology, Columbia University, N.Y., etc., etc. Philadelphia and London: W. B. Saunders Co. (Canadian Agents, McAinsh & Co., Ltd., Toronto); 12mo. of 245 pages, illustrated; 1928; price $1.75.

One notices the appearance of an increasing number of text-books on Nervous and Mental Diseases for Nurses, betokening, doubtless, the increasing interest of both medical and nursing professions in a hitherto rather neglected subject.

This particular book is by an author of wide experience in the teaching of medical students and nurses. One of the book's advantages is evident at once and that is its reasonable size. Nursing in Nervous and Mental Disease is a special subject in the nursing curriculum and much of the material in a large book is unutilized.

The book opens with a well-illustrated chapter on the Anatomy and Physiology of the Nervous System. The exposition is concise and free from burdensome details such as mar many texts for nurses. The close relationship between the nervous and endocrine systems is given recognition in a chapter on the diseases of the ductless glands. A compact chapter sets forth the fundamentals of elementary psychology in its medical applications and adequate well-proportioned consideration is given to the commoner neurological and mental disorders.

Perhaps the most valuable portions of the book—the things that make it unique among its kind—are the special chapters devoted to the development of modern psychiatry and mental hygiene. In a day when real strides are being made in these fields, it is most important that the nurse should be correctly oriented both for her own sake and that of the interested public which she serves and has many opportunities to instruct.

The book is provided with a good index, is well printed and illustrated and well bound. It may be cordially recommended as a suitable text book for schools of nursing where its scope, compactness and freedom from padding will be appreciated.—A. T. MATHERS.

News Notes

BRITISH COLUMBIA

The annual meeting of the Graduate Nurses Association of British Columbia is to be held on April 1st and 2nd, 1929.

The quarterly meeting of the Graduate Nurses Association of British Columbia was held at the Royal Columbian Hospital, New Westminster, with the president, Miss K. W. Ellis, in the chair. Over fifty nurses were present. At the meeting of the nursing education committee Miss E. M. Forrest, of the Vancouver General Hospital staff, read an excellent paper on "Medical Asepsis," and Miss H. Randal outlined the facilities provided for its practice in various hospitals of the province.

The public health committee heard from Miss May Ewart an interesting account of a summer school course in school nursing at Teachers' College, Columbia University. The library committee was authorized to purchase suitable books for the public health nurses open shelf in the Provincial Library at Victoria, and to supply the librarian with the names of public health nurses to whom lists of books on hand should be sent.

At the general meeting a motion was passed assuring the Canadian Nurses Association that a sum of not less than $2,000.00 would be collected by the British Columbia association towards expenses for the International Congress, 1929.

It was decided to include the Kelowna General Hospital training school for nurses in the list of schools approved by the council of the Graduate Nurses Association of B.C., as giving the three years' course of training without affiliation; graduates of this hospital are under the present regulations eligible for registration.

At the close of the afternoon session, the nurses were guests at tea of the Graduate Nurses Association of New Westminster, and members of the council were dinner guests of the Royal Columbian Hospital, and refreshments were served by the hospital at the close of the evening meeting, at which F. W. Howay was the speaker, "Just Words" being his topic, which he made very interesting.

MANITOBA

Brandon: The regular meeting of the Brandon Graduate Nurses Association was held at the home of Mrs. McGuire. Mrs. J. S. Pierce gave a talk on current events, and a very pleasant evening was spent.

Mrs. J. S. Pierce recently entertained the Brandon Graduate Nurses Association to a social evening. Mrs. Whitmore gave a most interesting talk on her trip abroad, illustrated by some wonderful slides that Dr. Pierce had kindly collected.

NEW BRUNSWICK

Saint John: The monthly meeting of Saint John Chapter Registered Nurses was held January 21st, 1929, in the Nurses Home at the General Public Hospital. Miss E. J. Mitchell, president, in the chair. Following a business session, Dr. V. D. Davidson gave a lecture on gastric and duodenal ulcers. A social hour concluded the gathering.

The General Public Hospital Alumnae held a very enjoyable bridge in the reception room of the Nurses Home, on the evening of February 5th, following a short business session. Miss McGrath, president, was general convener. Each member was asked to bring twenty-five cents and refreshments for one. These were served at the close of the evening.

Chipman Memorial Hospital, St. Stephen: Miss Florence Cunningham has been appointed instructor of nurses at C.M.H.

The new wing of the hospital is now equipped: the upper floor is occupied by maternity cases, and the superintendent and staff are most comfortably settled on the first floor.

Miss Lou Mersereau has been a patient at the Chipman Memorial Hospital.

The Alumnae of the Chipman Memorial Hospital are planning to furnish a room in the new wing. In January they held a successful food sale, the proceeds to be used for that purpose.

ONTARIO

The annual meeting of the Registered Nurses Association of Ontario will be held in Kingston on April 4th, 5th and 6th, 1929.

Paid-up subscriptions to "The Canadian Nurse" for Ontario in February, 1929, were 1,167, six less than previous month.

Appointments

Miss Christine Inrig (Hamilton General Hospital, 1924), has been appointed Supervisor of Out Patient Department of Hamilton General Hospital.

Miss Anne Coutts has taken charge of Ward 7, Hamilton General Hospital.

Hospital for Sick Children, Toronto: Miss Marguerite Waddell (1919), resigned from the Shriners Hospital, Montreal, and is in charge, First Floor, Private Pavilion, Toronto General Hospital; Miss Margaret MacInnis (1928), assistant supervisor, nose and throat operating room, Toronto General

Hospital; Misses Florence Booth (1927), and Kathleen Hallowell (1927), on the staff of the New York Hospital; and Miss Marion Piggott (1915), on duty in New York.

District 1

The annual meeting of District No. 1, Registered Nurses Association of Ontario, was held on January 19th, at the Gartshore Residence, Victoria Hospital, London.

The morning session was given over to routine business, discussion of reports and election of officers.

In the afternoon a demonstration of Orthopedic work of the Children's Hospital was presented by Dr. George Ramsay, in which he described some of the early symptoms of deformities and paralysis which the trained eye of the nurse should detect. He also stressed the need of educating the public generally of how much can be done for practically all congenital and early deformities if early diagnosis is made. He referred to the unnecessary distress so often caused by children being brought just eight years too late!

This was followed by a very interesting performance given by the little patients under the supervision of their teacher, Miss Teasdall, showing the need of academic and vocational training for crippled children.

An address on "Professional Obligations'' was given by Miss Jean Browne, in which she outlined in a very concise way how much the provincial and national associations mean to the individual nurse.

Dr. F. W. Hughes then discussed in a practical way the value of immunization against communicable diseases showing the reactions and tests on some children patients.

Miss Ermine Cumming, supervisor of the communicable disease department, continued this discussion by giving a few practical points to public health and private duty nurses for the care of infectious diseases in the home.

Luncheon was served by the local nurses, and the evening session took the form of a dinner at which the guest and speaker of the evening was Miss Jean Browne, who for her subject took "Public Health," tracing its history from its earliest beginnings and showing that although we live in a scientific age we are yet faced with an unnecessary sickness and death rate. She stressed the responsibility of the younger members of the profession as health educators, and referred to the contribution "The Junior Red Cross" had made in the field of preventive medicine. Miss Browne outlined briefly the programme and financial obligations in connection with the coming International Council of Nurses Congress.

Sarnia: On January 8th, 1929, the corner stone of the new wing of the Sarnia General Hospital was laid by Miss Margaret Mackenzie, chairman of the Hospital Commission, in the absence of the Honorary Lincoln Gordie, Provincial Secretary. This new wing when completed will greatly increase the present hospital accommodation for Sarnia and surrounding district.

District 2

General Hospital, Brantford: Miss Helen Holbrooke and Miss Aileen Mair have gone to Brooklyn, New York, where they will take up duties at the Beth Moses Hospital.

Miss Helen Potts, assistant superintendent, who has been confined to bed for the past couple of weeks, is able to resume her duties again.

Mr. E. Moule, manager of the Temple Theatre, entertained the staff and pupil nurses, as guests, at the play, "The Admirable Crichton," which was put on by the Rotary Club, in aid of the Crippled Children's Fund.

Misses Helen Ion and Patricia Saunders, have been relieving in the various departments during the winter months.

Miss Jessie Wilson, who is taking the course for teaching in Schools of Nursing, University of Toronto, visited in the city during the Christmas holidays.

Members of the Alumnae deeply regret the death of Miss Doris Small, which occurred on December 27th, following an attack of pneumonia. She will be greatly missed by a large number of friends.

District 4

The third annual meeting of District No. 4 of the Registered Nurses Association of Ontario, was held in Hamilton, January 20th, with Mrs. Barlow, chairman, presiding.

After the chairman's address, which consisted of a brief resume of the year's work and a plea for a larger membership, Dr. Woodhall, of Hamilton, the speaker of the evening, gave an address entitled, "Present Day Treatment of Fractures." The speaker emphasized differences between present day and old-fashioned methods. Among modern methods he mentioned light weight splints, avoiding immobility of the injured part as much as possible, and the use of the X-ray before and after the reduction of the fracture. Many X-ray pictures, illustrating this excellent paper, were shown. A hearty vote of thanks was extended to Dr. Woodhall.

The annual reports were read and routine business was transacted. The election of officers resulted as follows: Chairman, Miss Edith Rayside, Hamilton; Vice-Chairman Miss Anne Wright, St. Catharines; Secretary-Treasurer, Mrs. Norman Barlow, Hamilton; Councillors, Misses Buckbee, Sutherland, Eva Moran, Hamilton; Margaret Park, Niagara Falls; Tassie, Welland; Ann Moyer, St. Catharines; Convener of Programme Committee, Miss Cameron.

General Hospital, Hamilton: Miss Evelyn Swayze (1923), is doing special duty in New York City.

Miss Grace Dunn (1920), is recovering from a thyroidectomy, and Miss Anna Coutts has recovered from her recent illness.

District 5

The annual meeting of District No. 5 of the Registered Nurses Association of Ontario was held in Toronto on January 29th, Miss Greenwood in the chair. The chairman spoke hopefully of reaching the objective in membership set by the campaign before the expiration of the given time. Miss Meiklejohn, the district's representative on the finance committee of the International Council of Nurses, reported an expected total of $3,387.00. The election of officers resulted in the appointment of Miss Ethel Greenwood, chairman; Miss Gladys Hiscocks, vice-chairman, and Miss Alice Vernon, secretary-treasurer. Dr. Harvey Agnew, secretary of the Hospital Service Department of the Canadian Medical Association, a newly formed department designed to serve as a means of communication between hospitals throughout Canada, was the speaker of the evening. This department should be especially valuable to the smaller, isolated hospitals, which are carrying on independently, trying to care for the sick, and at the same time give an adequate nursing training. Miss Emory, president of the Registered Nurses Association of Ontario, spoke in her optimistic way of the affairs of the provincial association, and hoped all would try to attend the annual meeting in Kingston.

General Hospital, Toronto: The annual meeting of the Alumnae was held on Jauuary 30th, 1929, in the Nurses' Residence, Miss J. Browne in the chair. The minutes of the last meeting were read and adopted, and the election of new officers took place, with Miss Jean Browne as president.

A series of lectures is being held in the Medical Lecture Room at the Toronto General Hospital, two of which took place in February: "Asthma and Hay Fever," by Dr. Detweiler, and "Old Toronto," by Mr. T. A. Reid. The remainder of this series, "Mental Diseases," by Dr. Farrar, and "Alice in Wonderland," by Principal Hutton, will be held on March 4th and 11th respectively.

Members of the Alumnae who come to Toronto are asked to notify the new Corresponding Secretary, Miss Bailey, Ward G, Toronto General Hospital.

Mr. and Mrs. Ayrnes (Frances Webster, 1925), have returned from Negritas, Peru, South America, and will reside in Toronto.

Miss Margaret Dulmage (1918) has returned to Toronto from an extended trip to Training Schools in the States, to resume her position in the Training School Office of the Toronto General Hospital. The object of her trip was to observe the methods used for imparting a Public Health viewpoint to the students in training.

Miss Annie G. Creighton (1917), for some time after graduation in the P.O.R., and who left to take a position in New York, died after a short illness of "flu" and pneumonia, in New York.

District 6

The annual meeting of District No. 6, Registered Nurses Association of Ontario was held January 25th, at the Nurses Residence, Nicholl's Hospital, Peterboro, the president, Miss F. Dixon, in the chair.

The minutes of the last meeting and also report of the year's work were read by the secretary-treasurer, Miss L. Simone, and adopted. The president, Miss F. Dixon, gave a short account of the work done by the district association. Reports were received from the conveners of the various committes.

Mrs. Leeson, convener of finance committee, reported having collected $100.00 from the nurses of the district for the purpose of entertaining foreign nurses at the International Congress of Nurses.

The officers elected for the coming year were as follows: President, Miss F. Dixon, Peterboro; Vice-President, Miss R. Bell, Port Hope; Secretary-Treasurer, Miss L. Simone, Peterboro; Councillors, Misses Walsh, Cobourg; Morrison, Lindsay; Collier, Belleville; McGrath and Anderson, Peterboro; Mrs. Smythe, Bowmanville; Private Duty Section, Miss Dawson, Peterboro; Nursing Education Section, Mrs. Leeson, Nicholl's Hospital; Public Health Section, Miss Jory, Peterboro; Representative, Registered Nurses Association of Ontario, Miss F. Dixon, Peterboro.

Miss F. Emory, Toronto, President of Registered Nurses Association of Ontario, and Dr. Neal, Peterboro, were special speakers.

After the meeting tea was served in the reception room of the Nurses Residence, with the nurses of the hospital Alumnae acting as hostesses.

General Hospital, Belleville: The regular meeting of the Alumnae was held in the Nurses Residence on February 15th. It was decided to purchase a chesterfield for the Nurses Residence, also to give a sleigh drive, followed by a dinner, to the members.

District 8

General Hospital, Ottawa: A successful afternoon tea and bridge under the auspices of Ottawa General Hospital Nurses Alumnae, took place recently in the Hollywood Studio under the able convenership of Mrs. A. J. McEvoy. A record number of 360 were guests of the Alumnae.

Sister Mary Claire (Gray Nuns of the Cross), celebrated her Jubilee of 25 years in the Order. During that time Sister Mary Claire has been closely connected with the Ottawa General Hospital, which is conducted by the Gray Nuns of the Cross.

QUEBEC

Children's Memorial Hospital, Montreal: The regular meeting of the Alumnae was held in the Club Room on February 4th,

the president, Miss Watson, in the chair. Dr. R. R. Fitzgerald gave a very interesting lecture on the "History of Surgery" which was made more fascinating by a number of lantern slides of famous surgeons.

The regular meeting is held on the first Monday of the month.

The Graduating Class were the guests of the Senior Class at a dinner-dance, held at the Place Viger Hotel on February 9th, 1929.

Miss E. Thompson, who has been on the staff of the Bay City Hospital, Michigan, has returned to Montreal, where she has taken a position in the nursery of the Woman's General Hospital.

Miss G. Gough is visiting in Appleton, Wis., for two months with her parents.

Miss G. Cole is spending two months with her family in Kingston, Ontario.

Miss G. Sleeth has taken up residence in Montreal, where she is doing private nursing.

WESTERN HOSPITAL, MONTREAL: The annual meeting of the Alumnae Association was held in the Nurses Residence, January 14th, 1929, when the officers for the ensuing year were elected and other business transacted.

Miss Jane Craig spent a few days early in January at Lake Placid Club, Lake Placid.

Mrs. Cameron Gamsbey (Debra Starke), of New York, and her small son and daughter recently visited her parents in Montreal.

Miss Florence Martin recently visited her mother in New Glasgow, N.S.

Miss Violet Cross has resigned from the staff of the Medical Arts Hospital, Montreal.

Miss Grace Munro has been doing private duty nursing at Pinehurst, N.C., for some weeks.

Mrs. Ross Pennoyer (Florence McNie), who recently underwent a serious operation at the Montreal General Hospital, has returned to her home.

The sincere sympathy of the Alumnae is extended to the following members in their recent bereavements: Miss Bertha Birch, her brother; Mrs. Percy Bobertson (Christine Rowley), her sister; Mrs. Victor Sargent (Miss Jean McArthur), her father; Mrs. Millar (Margaret Halford), her father.

ROYAL VICTORIA HOSPITAL, MONTREAL: Miss Frances Kirkpatrick (1924) is now in charge of the maternity department of the Seattle General Hospital.

Miss Ethel Currie (1921) has been appointed head anaesthetist at the Denver Presbyterian Hospital.

Mrs. G. W. Izard (Marie Beard, 1922), with her little daughter Louise, recently arrived from England to visit her parents, Mr. and Mrs. Frank Beard, until September, when she will rejoin her husband in Nigeria, West Africa.

SHERBROOKE: The regular meeting of the Graduate Nurses Association met with Miss Wark at her sister's residence, Mrs. Forbes, Lennoxville.

Miss Buck, superintendent of Sherbrooke Hospital, has returned from a pleasant holiday spent in Florida.

Miss Alice Lyster has resigned her position as night supervisor, succeeded by Miss Mary Todd.

The engagement is announced of Phyllis May Galbraith to W. L. Reford Stewart, of Toronto.

WOMAN'S GENERAL HOSPITAL, WESTMOUNT: Mrs. Isabel Robertson (1298), has accepted a position on the staff of the Alexandra Hospital, Montreal.

GENERAL HOSPITAL, MONTREAL: Recent appointments: Miss Alice Wells (1928), charge nurse in Ward K. Miss Inez Welling (1923), second assistant of the teaching department, replacing Miss Harris, who has recently been married.

Miss Marion Ives (1924), who has been in Boston following her return two months ago from St. Anthony, Northern Newfoundland, where she was superintendent to Sir Wilfred Grenfell's Hospital, is taking a post graduate course in Anesthetics.

At the annual meeting of the Alumnae the sum of $500.00 was voted for the International Congress of Nurses.

The Sick Benefit Fund disbursed $2,760.00 during 1928; Home benefit, 16 members; Hospital benefit, 52 members.

The sympathy of the members is extended to Miss Dorothy Jones in the loss of her mother; Miss Madelaine Scott, her mother; Miss Mildred Affleck, her father.

SASKATCHEWAN

The Saskatchewan Registered Nurses Association will hold their annual convention and institute in Saskatoon on April 3rd, 4th and 5th.

Red Cross nurses in Saskatchewan are interested in raising funds to help defray expenses of a nurse from central Europe to the International Congress at Montreal.

Miss Annie Findlay, Kenora graduate, has joined the Red Cross Nursing Staff, and assisted during February at Broderick.

SASKATOON: Miss Hoffinger has resigned from the staff of St. Paul's Hospital, to join the hospital staff at Aneroid, Saskatchewan.

VICTORIAN ORDER OF NURSES

Miss Ethel Cryderman, of Toronto, has been appointed to the position of Central Supervisor of the Victorian Order of Nurses for Canada.

Recent staff appointments: Miss Flora Macdonald (Vancouver General Hospital), North Vancouver, B.C.

Miss Helen Hivey (Yarmouth Hospital), the district of Sackville, N.B.

Miss Anna MacKenzie (Victoria General Hospital, Halifax), nurse-in-charge in New Glasgow, N.S., with Miss Dora Ashkins as assistant.

Miss Faye Saunders, Halifax, N.S.

Miss Dorinda Ellis (Children's Memorial Hospital, Montreal), Saint John, N.B.

Misses Alice Reed (Victoria Hospital, London), Evelyn Pibus (Montreal General Hospital), Marguerite Pauze (Notre Dame Hospital), Montreal.

Resignations: Miss S. J. Leveson (Vancouver General Hospital), from Edmonton.

Miss Henrietta Macdonald, from New Glasgow.

Misses M. Shredrick, Margaret McCarney and A. Jowsey, from Montreal. The marriages of Misses Shredrick and McCarney are announced. Miss Jowsey has gone to Nassau, where she will be engaged in private duty nursing.

C.A.M.N.S.

Montreal

The annual meeting of the Montreal Association of Overseas Nursing Sisters was held January 21st, 1929, when the following officers were elected: President Mrs. Stuart Ramsay; Vice-President, Miss N. Enright; Secretary, Mrs. W. N. Petch; Treasurer, Miss B. A. Moores; Convener, Flower and Sick Visiting Committee, Mrs. A. O. McMurtry, Representative to the Last Post Fund, Miss M. McDermott; Members of the Executive, Misses M. Galbraith, M. Gall and M. Raynor.

Activities during the past year were reported: Two social evenings—a musicale and bridge, and an address by Col. Clarke, D.S.O. A wreath was placed on the Cenotaph on Armistice Day in the name of the Association. A donation was made to The Last Post Fund, also to the Vancouver Memorial Window. Flowers were sent, and visits made to sick members.

It was decided that the Association would entertain during the Congress, visiting nurses who served in the war, and a bridge will be held on March 12th, 1929, in order to raise funds for this purpose.

The secretary was instructed to send the following letter to all overseas nurses clubs:

The President, Nurses Overseas Club.

Dear Sister:

Re: All Canada Association

With further reference to our previous communications regarding the formation of an "All Canada Association" of overseas nursing sisters: it was suggested that the most opportune time for organization would be during the International Congress of Nurses, which will be held in Montreal in the month of July, 1929, and you are hereby requested to send a delegate with authority to represent your club. Kindly advise as early as possible the name and address of your representative.

(Signed) Montreal Association of Overseas Nursing Sisters, E. E. Petch, secretary, 396 Olivier Avenue, Westmount, P.Q.

The Montreal Club is aware of Associations at Vancouver, Edmonton, Winnipeg, Toronto, London and Halifax, and should there exist any other overseas nursing sisters clubs throughout the Dominion who have not been officially notified, kindly write the secretary for information.

Vancouver

The annual meeting of the Vancouver Nursing Sisters' Club was held in the Women's Building, and the following officers elected for 1929: President, Mrs. Bradford Heyer; Vice-President, Miss Matheson; Secretary-Treasurer, Miss Jane Johnstone; Executive Committee, Mrs. Patterson, Mrs Crickard, Miss Rice; Convener of Committees, Miss P. Stewart; Sick and Visiting Mrs. Danby-Smith; Press, Miss Beatrice McNair.

During the past year the Vancouver Nursing Sisters' Club placed a Memorial Window in the new Canadian Memorial Chapel, at a cost of $350. This window represents a Canadian Sister in full service uniform, and is in memory of the Canadian Nursing Sisters who gave their lives during the Great War. Many of the members of the club attended the opening services of the Chapel on November 11th, and also on Sunday, November 25th, 1928, when the Sisters' window was dedicated by the Rev. Dr. E. D. McLaren.

ANNUAL MEETINGS

Graduate Nurses Association of British Columbia, April 1 and 2, 1929.

Saskatchewan Registered Nurses Association, with Institute, April 3, 4 and 5, 1929, in Saskatoon.

Registered Nurses Association of Ontario, April 4, 5 and 6, 1929, in Kingston.

MESSAGES RE "THE CANADIAN NURSE"

"I am always very pleased to get the magazine and find the articles very interesting and up-to-date."

"I would not like to miss a copy of 'The Canadian Nurse'."

"I have received a great deal of help and pleasure from 'The Canadian Nurse' and would not be without it."

BIRTHS, MARRIAGES AND DEATHS

BIRTHS

CAMPBELL—On November 25th, 1928, at Regina, to Mr. and Mrs. C. R. Campbell (Mary Newton, Regina General Hospital, 1921), a daughter (Shirley Anne).

CHALMERS—On January 5th, 1929, at Sudbury, to Mr. and Mrs. Allan Chalmers (Agnes Connor, Toronto General Hospital, 1923), a daughter.

GARVIE—Recently, to Mr. and Mrs. Garvie (Irene Reid, Toronto General Hospital, 1917), a daughter.

MACLAREN—On January 6th, 1929, at Halifax, to Mr. and Mrs. Stuart R. MacLaren (nee Marjorie Coburn, Lady Stanley Institute, Ottawa) a son.

McELLIGOTT—On January 6th, 1929, at Montreal, to Mr. and Mrs. P. J. McElligott (Leola Johnston, Homeopathic Hospital, Montreal, 1922), a daughter (Leola Patricia).

McINTOSH—On October 2nd, 1928, at Belleville, to Mr. and Mrs. James McIntosh (Ruth Elizabeth Coulter, Belleville General Hospital) a son (William Alfred).

MERRITT—On January 12th, 1929, to Mr. and Mrs. A. Stanley Merritt (Georgie Small, General Public Hospital, Saint John, N.B., 1914), a son.

MILLETT—On November 7th, 1928, at Saskatoon, to Mr. and Mrs. W. E. Millett (Anna Viletta Armstrong, Saskatoon City Hospital, 1927), a son.

MOORE—On February 1st, 1929, at St. Stephen, N.B., to Mr. and Mrs. Sydney Moore, of Calais, Maine (Hazel Upton, Chipman Memorial Hospital), a son.

ROSS—On October 28th, 1928, at Regina, to Mr. and Mrs. D. D. Ross (Irene McLanders, Regina General Hospital, 1921), a daughter (Sheila Margaret).

MARRIAGES

BROAD—BURROWS—Recently, at Saskatoon, B. Burrows (St. Paul's Hospital, Saskatoon, 1926), to A. Broad.

CARR—ONKEN—On December 25th, 1928, at Saskatoon, Mamie Onken (Saskatoon City Hospital, 1927), to Cecil Carr, Laura, Saskatchewan.

CLEARY—DUFFY—On November 21st, 1928, at Montreal, Margaret Duffy (Woman's General Hospital, 1928), to Peter Joseph Cleary.

CUBITT—SMITH—On December 18th, 1928, at Saskatoon, Ethel Smith (Saskatoon City Hospital, 1923), to John Cubitt. At home, Chauvin, Alberta.

FOLEY—ADAMS—On January 15th, 1929, at Toronto, Mary Alma Adams (Montreal General Hospital, 1919), to William John Foley. At home, Ottawa.

GRILLS—JONES—On January 22nd, 1929, at Regina, Dorothy Claire Jones (Regina General Hospital, 1925), to John Grills, of Regina.

HARDING — VINCENT — On December 22nd, 1928, at Ann Arbor, Michigan, Teresa Vincent (Amasa Wood Memorial Hospital, St. Thomas, 1912), to Sherman Harding, Marion, Michigan.

HAVERTY—STOWE—On January 17th, 1929, at Toronto, Mabel Stowe, to H. Edward Haverty, of Shaunavon, Saskatchewan.

KINDLE—FERGUSON—Recently, at Saskatoon, L. Ferguson (St. Paul's Hospital, Saskatoon, 1925), to W. Kindle.

LA RUE—FRENCH—In March, 1928, at Shanghai, China, Dorothy French (Hamilton General Hospital, 1923), to G. P. La Rue.

MUIR—AUSTIN—Recently at Paris, Ontario, Ersula G. Austin (Brantford General Hospital), to David Muir. At home, Yorkton, Sask.

MULLINS—WOOD—On December 29th, 1928, Louise Wood (Hamilton General Hospital, 1927), to Stanley Mullins, Hamilton.

ORRILL—HANNAH—On August 30th, 1928, Flossie Hannah (Belleville General Hospital), to John Francis Orrill.

PARKINSON—KING—On September 21st, 1928, at Montreal, Kathleen D. G. King (Montreal General Hospital, 1921), to Albert Parkinson, of Birkenhead, England. At home, Aylmer, P.Q.

RUSSELL—STEWART—On January 7th, 1929, at Montreal, Anne Stewart (Montreal General Hospital, 1928), to James Gordon Russell. At home, Cap Chat, P.Q.

SUTCLIFFE—BEAL—On February 6th, 1929, at Toronto, Shirley Beal (Hospital for Sick Children, 1904), to F. W. Sutcliffe, of Lindsay, Ont.

TOBIAS—FESSENDEN—On January 12th, 1929, at East Orange, N.J., Edith Juanita Fessenden (Royal Victoria Hospital, 1914) to Alfred Tobias, of New York.

VALENTINE—RICHARDSON—On January 23rd, 1929, at Saint John, N.B. Hazel Marion Richardson (Saint John General Public Hospital), to John Henry Valentine, of Montreal. At home, Regina.

DEATHS

CREIGHTON—Recently, at New York, of influenza, Annie G. Creighton (Toronto General Hospital, 1917).

GRAVEL—On December 27th, 1928, at Ottawa, Mabel Gravel (Ottawa General Hospital, 1920).

SMALL—On December 27th, 1928, Doris Small (Brantford General Hospital), from an attack of pneumonia.

GRADUATE NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated 1918)

An Examination for the title of Registered Nurse of British Columbia will be held April 24th, 25th and 26th, 1929. Names of candidates must be in the office of the Registrar not later than March 24th, 1929. Nurses, if eligible, desiring Directory permit must write this examination. Full instructions and particulars may be obtained from—

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Wanted: Superintendent of Nurses, college woman preferred; experienced in Training School administration. Midwest hospital. Position open April 1st, 130 beds, salary $125.00 with complete maintenance. Requires a woman of real efficiency and experience. Apply Box 135 The Canadian Nurse, 511 Boyd Bldg., Winnipeg, Man.

The Frontier Nursing Service has positions for Public Health Nurses certified under a British Central Midwives' Board. Because of waiting list, applications must be received several months in advance. For further particulars, address the Director, Mrs. Mary Breckinridge, Wendover, Leslie County, Kentucky.

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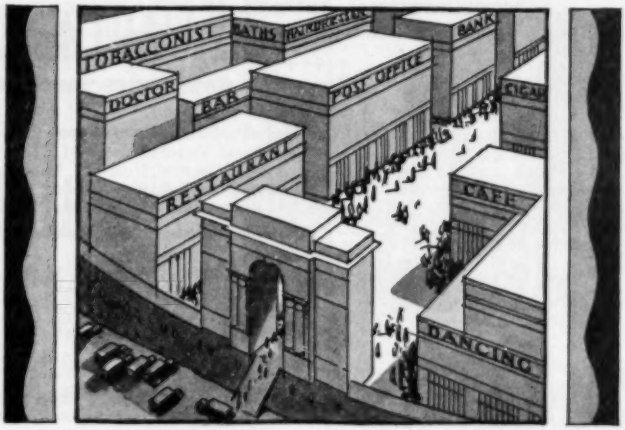

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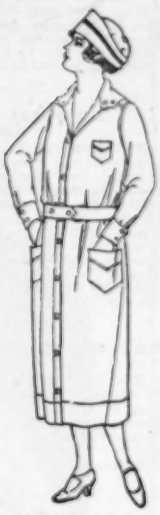

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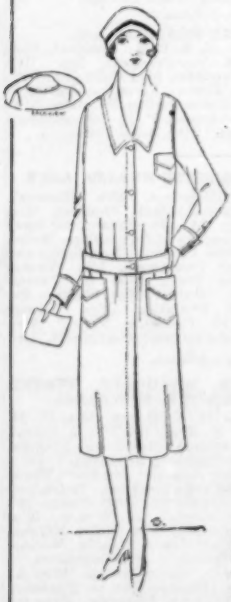

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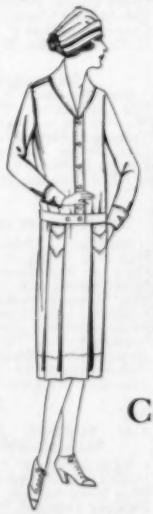

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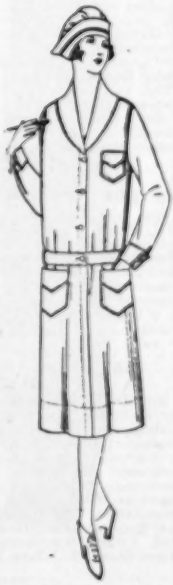

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